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MONTHLY BULLETIN

Observing Artillery Fire and Telephoning Back Results to Batteries.

These fine young British soldiers are directing artillery fire on the Somme front. Soon our own boys will face similar dangers and hardships on the firing line. But first they will pass through a period of training in vast camps in America. The soldiers who will risk their lives in battle deserve the fullest protection in these camps against preventable diseases, such as often accompany the congregation of large numbers of men. It lies with civilian sanitarians, as well as those of the army, to keep the horror and losses of preventable disease out of this war by taking extreme precautions throughout the entire nation. The health officer of the smallest town has an immediate and important duty to perform for his country.

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JULY, 1917

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CALIFORNIA STATE BOARD OF HEALTH

MONTHLY BULLETIN

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MONTHLY BULLETIN
CALIFORNIA STATE BOARD OF HEALTH

Devoted to the Prevention of Sickness and Death

¶ Entered as second-class matter, August 15, 1905, at the post office at Sacramento, California, under the Act of Congress of July 16, 1894.

Sent free, on request, to any citizen of California.

WILBUR A. SAWYER, M.D., Secretary and Executive Officer . Editor
GUY P. JONES, Morbidity Statistician . . . Associate Editor

The Call to the Colors. The army has already called several California health officers to the colors as medical officers in the army and others are daily expecting their orders. Every true health officer, whether he goes to the front or continues in office at home, is having a call to greater service to his country. The conservation of able-bodied men and women through better sanitation is a service that is urgently needed everywhere. If we relax in the work of disease prevention, if we do not increase our activity at these times of new problems and rapid changes, there will be serious waste of human resources, and also disease catastrophes which might have been prevented. As health officers are called away for service in the medical reserve corps, their places should be promptly filled with men of vision, energy, and knowledge of sanitation.

* * * * * *

Disease Reporting Is a War Duty. Already for us some of the glamour of war is gone; the universal display of flags and bunting has somewhat diminished and we are learning that the civilian burden of the war consists of a round of denial, as well as the performance of many ordinary and plain everyday duties. Sometimes the performance of one of the most inconspicuous of such duties may finally become an heroic service. The responsibility of physicians and health officers in the control of communicable disease and the prompt reporting of such disease, whether it be chickenpox or cholera, even in the most out-of-the-way hamlet, is heroic. Disease must be kept out of our training camps, in order that our army may be of the highest efficiency. Since men from all parts of the state are entering these training camps, health conditions in every city and county have a direct bearing upon the health of our soldiers. This responsibility is even greater for physicians and health officers whose territory lies near the large training camps. *Report every case of communicable disease.*

Reciprocal Notification Between Army and State. The military authorities at every post in California will report to the local health officials all cases of communicable diseases within their jurisdiction. In return, health officers should immediately notify the surgeon at any near-by military post of the appearance of any disease which threatens the health of the soldiers. The disease reports from the posts should be forwarded weekly to the State Board of Health by the health officers in the regular way. The State Board of Health will segregate morbidity reports for regions near military camps and will notify the army posts of the diseases in their vicinity so that they can be on their guard. Copies of such reports will be sent to the headquarters of the Western Department of the Army in San Francisco. In this way, a close cooperation between local army and civil health authorities will be engendered and it will be made impossible for an outbreak of disease to get a start unnoticed.

* * * * * *

Reporting of Pneumonia. The reporting of lobar pneumonia has been relatively neglected. Pneumonia is one of the diseases which is giving the military authorities concern, as it caused trouble in the troops on the Mexican border. Every possible precaution must be taken to prevent its getting a foothold in our military camps. Recent studies of lobar pneumonia have divided the disease into several classes and have put diagnosis, treatment and prevention on a more scientific basis. Under these circumstances, the reporting of lobar pneumonia assumes great importance, and the State Board of Health urges health officers to stimulate reporting, and calls on every physician promptly to notify the health officer of his cases.

* * * * * *

When the War Is Over. When the sanitary history of this war has been written, what will be the record of America? Will it consist of a rather uninteresting account of uniformly successful preventive measures, intensively applied from the very start, or will it contain the brilliant reports of learned commissions appointed to investigate spectacular epidemics? It is strictly the duty of our health authorities to see that California's disease record shall be uninteresting, except as an example of early action and high efficiency in disease prevention during the war. To establish such a record is the ambition of the State Board of Health, but it can not be accomplished unless the local health authorities are equally determined to keep down disease in their communities and to cooperate with the army sanitarians.

* * * * * *

"Eat Plenty, Wisely, Without Waste." Some people always neglect themselves, to the detriment of their own health. One of the most common ways of accomplishing such neglect is through failure to eat plenty of nourishing food, and now that the cost of food is high, many more persons are neglecting themselves in this way. Herbert Hoover says, "Eat plenty, wisely, without waste." This is good public health advice as well as good economy. Communicable disease finds an easy line of invasion into a poorly nourished body. Judicious planning will allow larger expenditures for food and careful consideration of the daily menu will permit of a variety of appetizing, nutritious foods without excessive cost. If there must be retrenchment, let it not be in necessary food. Good food makes for good health, whether in civilians or in civilian soldiers.

* * * * * *

Trained Nurses In Great Demand. Trained nurses were never in greater demand than at the present time. Many of them are being called into military service, while at the same time the demand for trained nurses at home is very great and will be immeasurably increased during the months to come. Rejected recruits must have physical defects corrected in order that they may enter service; wounded soldiers must be cared for in order that they may reenter the service. Skilled nurses are needed to care for these men. At the same time the civilian population will be in need of trained nurses because of the many new public health problems that are bound to rise with the development of the war. Since the standard of nursing in California has been raised, under the Bureau of Registration of Nurses of the State Board of Health, there are many excellent training schools for nurses. Pupils about to enter these schools will undoubtedly have opportunity to render the most excellent service to the country, perhaps even before their courses of training are completed.

* * * * * *

Typographical Union Sanitary Regulations. Sanitation of workrooms, factories and similar places depends upon the attitude of both employer and employee. The most fastidious sanitary equipment is of no avail unless properly used by employees. Sacramento Typographical Union No. 46 has recently adopted sanitary regulations by which the burden of sanitation is shared by both employer and employee. The employer is supposed to make cleanly the premises in which employees work; floors are to be treated to prevent the rising of dust and are to be swept when employees are not at work, if possible; vent pipes or other means are to be used to carry away noxious gases, vapors or fumes from smelting pots of linotype machines or other appliances used in connection with composing rooms. Employees are to cooperate in keeping workrooms in a clean and sanitary condition.

* * * * * *

Great Opportunities for Local Health Districts. The new law providing for the formation of local health districts is arousing considerable interest in many parts of the state. Already, such a district is being planned in San Mateo County, the proposed district to cover the three cities of Burlingame, Hillsborough and San Mateo. Excellent opportunities for the formation of local health districts are offered in Marin, Sonoma, Los Angeles and other counties. Thickly populated districts, where small cities lie adjacent to thickly populated rural districts, form ideal territory for this purpose. There is no reason why small cities should not enjoy all of the health advantages which only the large cities with their expensive health departments are now able to maintain. The advantages to be derived under this new law are enormous, and in no locality of the state, where the conditions are favorable for the formation of a local health district, should the opportunity be neglected.

Rural Sanitation in San Benito Schools. The rural schools of San Benito County have achieved an enviable reputation for excellence in sanitation. County Superintendent of Schools W. J. Cagney is largely responsible for the work in sanitation undertaken by the schools of the county. Nowhere in the state is keener interest taken in this important subject. That these lessons in sanitation have a far-reaching effect goes without saying. The report of Miss Beatrice H. Woodward, visiting nurse of the State Association for the Study and Prevention of Tuberculosis, published in this number of the Bulletin, shows very effectively what the cooperation of teachers and pupils in rural schools of San Benito County is accomplishing in the cause of better health. Other counties in California may well look to San Benito as a criterion in rural school sanitation.

* * * * * *

Typhoid Vaccine Available. Now is the beginning of the season of increased prevalence of typhoid fever. Persons desiring the protection of typhoid vaccination should arrange with their physicians for the administration of the vaccine. Any physician in California may obtain typhoid vaccine free of charge by writing for it to the Bureau of Communicable Diseases, Berkeley.

* * * * * *

Another Typhoid Carrier Discovered. Ten dangerous typhoid carriers have been discovered up to date by the Bureau of Communicable Diseases. In the report of the bureau published in this issue of the Bulletin will be found an account of a typhoid carrier responsible for eight infections, one of them fatal, in her own household. The discovery of these carriers requires the expert services of epidemiologists and bacteriologists. The control of typhoid carriers in California is preventing many cases of typhoid fever every year and a few deaths.

* * * * * *

Instructions for Persons With Venereal Diseases. Persons suffering from venereal diseases should be definitely instructed regarding methods for preventing the spread of the disease. The California State Board of Health has prepared cards of instructions for such persons, which may be obtained in limited quantities by any physician who desires to place such printed matter in the hands of his patients. Posters giving informmation regarding the venereal diseases, which are suitable for posting in public places, may also be obtained without cost from the California State Board of Health. Some of these posters are suitably framed and covered with glass. These will be sent in limited quantities to any health officer who desires same for posting in his city.

GOVERNOR STEPHENS ON WAR AND DISEASE.

In response to a communication from Hon. Newton Baker, Secretary of War, the following letter has been sent by Governor Stephens to the mayors of all California cities:

June 25, 1917.

DEAR SIR:

I wish to direct your attention to the particular necessity at this time of strictly enforcing the laws against prostitution.

The national administration has called my attention to the matter and requested the cooperation of public officials throughout the state who are charged with enforcement of the law. The reasons for this are obvious. The young men of the country who are being gathered together for national defense must be protected against disease and moral degradation which result from prostitution. This protection cannot be given to any great extent by the national authorities. It cannot be done by special laws, rules or regulations for men in the Army or Navy. It can only be done effectively by the various counties and cities themselves seeing to it that proper conditions exist within their own borders.

The request of the national administration for the assistance in this matter of our own communities and their officials has my earnest support. As Governor of the state, I am calling on all officials charged with the enforcement of law to enforce the laws against prostitution and to do so with utmost vigor and persistence.

I would ask you to have proper instructions given to the various police departments and other peace officers subject to your direction.

In all that you may do in the way of carrying out the purpose and spirit of the request of the national administration, you will have my cordial and earnest support.

Yours very truly,

(Signed) WM. D. STEPHENS,

Governor.

THE ATTACK ON VENEREAL DISEASE.

Venereal disease has flourished under a policy of silent neglect, but it is now coming into full recognition as a public health problem. The Western Department of the Army, the State Board of Health, and certain of the California municipalities are already working out a program for a concerted drive on venereal disease from many sides.

The part of the cities and counties in the campaign will be:

1. **To suppress prostitution as far as possible and to eliminate commercialized vice.**
2. **To provide and encourage the instruction of young men and women in the advantages of a clean life and the dangers from venereal disease.**
3. **To provide adequate opportunities for expert diagnosis, treatment, and advice for infected persons financially unable to secure proper attention for themselves, and to encourage the continuance of treatment until the patient is cured, or at least becomes noninfectious.**
4. **To provide free laboratory tests for syphilis and gonococcus infections for physicians, and to encourage greater use of the tests for these diseases available at the laboratory of the Bureau of Communicable Diseases of the State Board of Health.**
5. **To refrain from driving from the community any infected persons coming to the attention of the police or health authorities until they have been rendered noninfectious by treatment.**
6. **To compel more complete reporting of venereal diseases; to collect all available information from physicians and army medical officers regarding the sources of infection in cases of venereal disease; to search out the persons who are disseminating the disease and to isolate them under the provisions of Rule 2, Section 13, of the Public Health Act, the isolation and treatment being preferably at public expense in county or other hospitals.**
7. **To cooperate with the army medical authorities by providing a suitable place for the army prophylactic clinics for soldiers within cities whenever the distance from the cities would make the treatment at the camps useless, owing to the delay.**

It should be understood that the army methods of control include instruction and advice to the men regarding the advantages of continence; the supplying of opportunities for healthful recreation and sports; the forbidding, through national law, of the sale of liquor to soldiers; the promulgation of military orders that any soldier having dealings with a prostitute in spite of the above measures must report to military officers and receive the army prophylactic treatment; deprivation of pay, and possibly other punishment, for disobedience of orders, if a soldier develops venereal disease after failing to report; frequent inspection of the men by medical officers to detect venereal or other disease; cooperation with civil authorities by reporting to them cases of venereal disease, in accordance with the state law, together with any information which would assist in discovering and isolating the persons responsible for spreading infection.

What is your city doing to help carry out this program? An immediate beginning and continuous, well-financed administrative action is necessary. The program represents a tremendous undertaking, but it will prevent a large part of the venereal disease which is now prevalent in civil communities and threatens the efficiency of the army and civil population and may jeopardize our success in the war.

ALCOHOLIC BEVERAGES IN RELATION TO THE NATIONAL FOOD PROBLEM.

By M. E. **Jaffa**, M.S., Consulting Nutrition Expert,
California State Board of Health.

Introduction.

Every effort tending to the conservation of food, either for men or animals, should be encouraged to the fullest extent. One of the most fundamental considerations in this connection should be the elimination of all nonessentials. Alcoholic beverages decidedly come under such a class.

While it is claimed by some that alcohol could be considered as a food in that it might be substituted in very limited quantities for non-nitrogenous foods, it certainly is not necessary, and, furthermore, the body can be better supplied otherwise. It therefore must be considered as a nonessential and should be eliminated.

The discussion which follows will be taken up under the following captions:

I. Value of by-products from distilleries, breweries, etc., for cattle and poultry feeds.
II. Value of grains, used for production of alcohol as human food.
III. Statistics.
  1. Alcohol produced in the United States during the fiscal year July 1, 1915–June 30, 1916.
  2. Grains and materials other than fruit used for manufacture of alcohol in the United States.
  3. Food value of materials other than fruit used in the manufacture of alcohol in the United States.
  4. Caloric equivalent of alcohol compared with sugar.

I. *Value of by-products from distilleries, breweries, etc., for cattle and poultry feeds.*

There results as by-products from the manufacture of beer and distilled spirits a considerable quantity of cattle food marketed as:

Brewer's grains, dried.
Brewer's grains, wet.
Distiller's grains, dried.
Distiller's grains, wet.
Distillery slop, etc.

It is true that the dried brewer's and distiller's grains are of value as cattle and poultry food. They are rich in protein and, when the price warrants, can be economically fed, but at the same time it must not be forgotten that these by-products represent less than half the food value of the grains originally involved in the manufacturing processes.

By referring to Table 3 it will be noticed that the food calories indicated for the grain used for beer are upwards of 4,548 billion. The calories represented by the alcohol produced in the beer are 1,727 billion, as shown in Table 4. It is therefore seen that about 38 per cent of the food value of the grains is lost in the production of alcohol alone.

Again, the calories corresponding to the grains used in the manufacture of distilled spirits, as indicated in Table 3, are practically 3,238 billion, while the food calories corresponding to the alcohol produced from these grains is 2,430 billion. In other words, three-fourths of the food value of the grains is used up in the manufacture of the alcohol. The other losses, which are not by any means inconsiderable, are not taken into consideration in this discussion.

It is therefore very evident that the grains as such could be used to much better advantage for cattle and poultry foods than when, as under present conditions, only the by-products serve as feedstuffs, and the alcohol for nonessential purposes. Experiments are on record which would tend to show that "A given weight of barley is more productive, both of milk of cows and of the increase in live weight of fattening animals, than the amount of malt and malt sprouts that would be produced from it."

It is of interest in this connection, as evidenced by Table 4, that 87 million gallons of alcohol are necessary for manufacturing and scientific purposes, and that these would yield upwards of 974 billion calories. The alcohol, however, for such purposes could be manufactured from molasses and other saccharine liquids without the use of grains. It will be further noted that for the year 1916 the food calories corresponding to the alcohol used for nonessential purposes approximates the calories representing the alcohol from grains only.

The total amount of grain used for the manufacture of alcohol is 2,183,775,852 pounds. About 500 pounds of grain, supplemented by pasture, is necessary to raise an eight-months hog weighing about 200 pounds. If this were devoted to pork production it would satisfy the requirements of upwards of 4,000,000 hogs. If the cereals used for beer were similarly applied, over 6,000,000 hogs could be raised. In other words, if the total cereals now used for the production of alcoholic processes were devoted to hog raising, 10,000,000 animals could be fed, and fed well.

While it is true that dried brewer's grains and dried distiller's grains can be fed when used in connection with other grains to pigs, that which is fed represents about 50 per cent, in the case of brewer's grains, of the original material; and in the case of distiller's grains, far less. It therefore would appear that at a conservative estimate 5,000,000 more hogs could be raised on the grains, as compared with those which could be reared on the by-products. Furthermore, distiller's grains alone or brewer's grains alone are not relished by pigs. They have to be supplemented with grains or mill by-products. Distiller's and brewer's grains alone are not well suited to pigs.

If the question of cattle is considered, a corresponding showing is made—that is, the grain requirement for twice as many animals could be satisfied if the original material were fed as compared with the results obtained with the use of the by-products—dried distiller's grain and dried brewer's grain. About 10 pounds of grain is a conservative estimate necessary for fattening cattle or dairy cows. If the grain now used for the manufacture of distilled spirits and beer were used for the above purpose it would satisfy about one and one-half million animals for one year.

II. *Value of grains, used for production of alcohol, as human food.*

Tables 3 and 4 are of special interest when discussing, as human food, the value of the grains now used for the manufacture of beer and distilled spirits. In these tables it is shown that upwards of 5,000,000,000 pounds of grains are concerned in the manufacture of distilled spirits and fermented liquors. The by-products from distilleries are not used as food by man. The alcoholic products are, as previously indicated, to be classed as nonessentials and therefore should be eliminated.

If the grains now used for the production of distilled spirits were used for human food, there would be rendered available about 800,000 tons edible meal, the remainder—bran, etc.—being used for cattle, hog and poultry feeds. The corresponding estimated figure for the cereals now used for beer would be approximately 1,200,000 tons. In other words, if the total amount of grains now used in the manufacture of distilled spirits and beer were used as human food, there would be produced about 2,000,000 tons of edible meal. If this were all wheat flour, it would correspond to 3,000,000 tons of bread or 6,000,000,000 one-pound loaves of bread—one loaf per capita per day for two months for the entire United States.

An examination of Table 4 also brings out some very interesting data. This table shows the food calories corresponding to the taxable gallons of alcohol produced during the year 1915–16. The total food calories corresponding to the production of alcohol from all sources is 5,255 billion. If from this is deducted the food calories corresponding to the alcohol used for manufacturing purposes and the food calories corresponding to the dry and sweet wines, there is still left 4,096 billion food calories.

The estimated caloric requirement per capita is about 2,500. The figures, therefore, just given would satisfy, as far as the calorie requirement is concerned, a population of 1,000,000 for about four and one-half years. It is, of course, true that the caloric requirement could not be entirely derived from sugar or starch, but it only emphasizes the enormous loss, as far as human food is concerned, now going on.

In the face of possible world food shortage the feeding of 5,000,000 hogs for one year, or the providing the equivalent of one one-pound loaf of bread for every man, woman and child in this country for two months is sufficient reason and advantage to warrant the elimination of alcohol for nonessential purposes.

III. *Statistics.*

1. Alcohol produced in United States during the fiscal year, July 1, 1915-June 30, 1916.

TABLE I.

	Barrels beer	Taxable gallons alcohol
(*a*) Fermented liquors	†58,633,624	*130,870,249
(*b*) Distilled spirits		†249,123,922
(*c*) Brandy		†4,159,352
(*d*) Wines, dry (estimated)		*6,000,000
(*e*) Wines, sweet (estimated)		*8,000,000
		398,153,523

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*Calculated to taxable gallons for sake of comparison and convenience in calculation.
†Annual Report of Commissioner of Internal Revenue, 1916.

The quantity of distilled spirits (*b*), 249,123,922 taxable gallons of alcohol, may be subdivided as follows:

	Gallons
(1) For denaturing purposes	84,532,253
(2) For other manufacturing purposes	175,524
(3) For scientific purposes	2,745,790
Total for manufacturing and scientific purposes	87,453,567
Balance for nonessential purposes	161,670,355
	249,123,922

For manufacturing and scientific purposes	35 per cent of total
For nonessential purposes	65 per cent of total
	100 per cent

2. Grains and materials other than fruit used for manufacture of distilled spirits and fermented liquors in the United States, 1915–1916.

TABLE II.

Material	Bushels	Pounds
Corn	32,069,542	1,795,894,352
Rye	3,116,612	174,530,272
Barley corresponding to malt	4,433,915	212,827,920
Barley as such	148	7,104
Wheat	3,373	202,380
Oats	9,807	313,824
(*a*) Total grain for distilled spirits	39,633,397	2,183,775,852
Potatoes (estimated)	68,822	4,129,320
(*b*) Total, grain and potatoes	39,702,219	2,187,905,172
(*c*) Cereals used for beer (estimated)	53,014,568	3,180,874,102
(*d*) Total, *a* + *b* + *c*	92,716,787	5,368,779,274

	Gallons
Molasses	80,977,474
Dilute saccharine liquids	71,164,758
Total	152,164,758

3. Food value of materials other than fruit used for manufacturing distilled spirits and fermented liquors.

TABLE III.

Material	Pounds grain	Pounds protein	Food calories
Corn	1,795,894,352	179,589,435	2,693,841,528,000
Rye	174,530,272	17,453,027	239,106,472,640
Barley corresponding to malt	212,827,920	21,282,792	304,343,925,600
Barley as such	7,104	710	10,158,720
Wheat	202,380	20,238	275,236,800
Oats	313,824	31,382	385,993,520
Total grain	2,183,775,852	218,377,584	3,237,963,315,280
Potatoes	4,129,320	82,586	1,279,989,200
(*a*) Total grain and potatoes	2,187,905,172	218,460,170	3,239,243,304,480
(*b*) Molasses	809,774,740	8,097,747	890,752,214,000
(*c*) Total, *a* + *b*	2,997,679,912	226,557,917	4,129,995,518,480
(*d*) Cereals used for beer	3,180,874,102	318,087,410	4,548,649,965,860
(*e*) Total, *c* + *d*	6,178,554,014	544,645,327	8,678,645,484,340

4. Caloric equivalent of alcohol compared with sugar.

In order to produce one taxable gallon of alcohol there is required 3⅓ kilos of sugar. One pound of sugar is equivalent to approximately 1,800 food calories.

The following table is based on these data:

TABLE IV.

Alcohol from—	Taxable gallons alcohol	Pounds sugar	Food calories
1. Beer	130,870,249	959,715,157	1,727,487,360,000
2. Brandy	4,159,352	30,501,913	54,903,600,000
3. Distilled spirits	249,123,922	1,826,908,754	3,288,434,400,000
4. Wines, dry	6,000,000	44,000,000	79,200,000,000
5. Wines, sweet	8,000,000	58,666,665	105,598,800,000
Totals	398,153,523	2,919,792,489	5,255,624,160,000

The calories corresponding to the alcohol from distilled spirits (3), might be subdivided as indicated in the statement herewith:

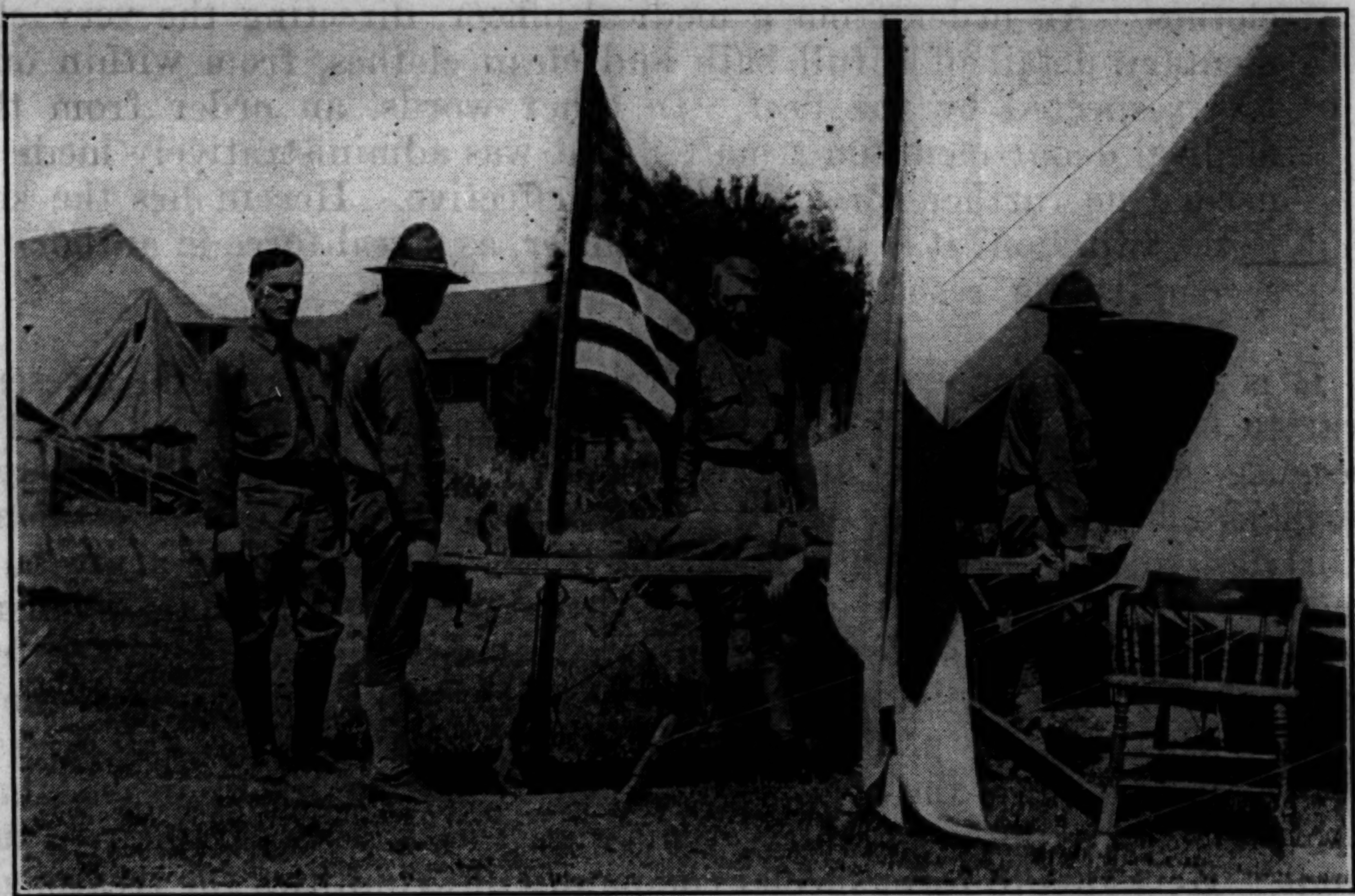
(*a*) For denaturing purposes	84,532,253		
(*b*) Other manufacturing purposes	175,524		
(*c*) For scientific purposes	2,745,790		
Total for manufacturing and scientific purposes	87,453,567	541,326,158	974,386,800,000
Total for nonessentials	161,670,355	1,285,582,596	2,314,047,600,000
Total for distilled spirits	249,123,922	1,826,908,754	3,288,434,400,000

Every death from preventable disease is an insult to the intelligence of the age. When it occurs in an army where the units have to submit to discipline, it becomes a governmental crime. The first responsibility of the government in times of war or peace should be the proper care of its guardians. The state deprives the soldier of his liberty, prescribes his exercises, equipment, dress and diet, and, in the hour of danger, expects him, if necessary, to lay down his life in its defense and honor. It should, therefore, give him the best sanitation and the best medical supervision that the science of the age can devise, be it Japanese or Hottentot.—LOUIS L. SEAMAN, M.D.

OUR WAR RESPONSIBILITIES.

By GUY P. JONES, Associate Editor.

Statistics of war, based on the records of battles for the past two hundred years, show that in nearly all conflicts of any great duration at least four men have perished from disease to one from bullets. The Japanese, however, in their war with Russia, completely reversed this record to "more than four deaths from bullets to one from disease," concerning which Dr. Louis L. Seaman in his book "The Real Triumph of Japan," says: "This record is, I believe, unparalleled and unapproachable in the annals of war." In our own affair with Spain in 1898, "fourteen were needlessly sacrificed to ignorance and incompetency for every one that died on the firing line or from battle casualties. That, too, in a war the chief campaign of which lasted only six weeks."



Sanitary detachment, California National Guard. The responsibility for the health of recruits rests not on these men alone. It is the duty of civilians to maintain the territory near training camps in a sanitary condition and to keep communicable diseases under strict control.

In our Civil War and in the war with Mexico in 1848, the ratio was about three deaths from disease to one from bullets. Of the deaths in the Civil War, Seaman says: "In round numbers, of the hundreds of thousands of fatalities in the conflict nearly three-quarters resulted from disease. There are men living who remember that nearly as many men perished from fevers and intestinal diseases in the trenches beside the Chickahominy as were slaughtered in the terrible battles that ended our great fratricidal conflict."

In 1910, Dr. James H. Parkinson, former member of the California State Board of Health, as president of the State Medical Society, in an address before that organization, referred to the lack of military medical preparedness in both Great Britain and the United States at that time. He said:

> "With all our progress in the healing art, the opprobrium of centuries still remained, disease and pestilence slew more than the bullets of the enemy. This patent and obvious fact stands forth on army records everywhere, yet with its very obviousness, why could not the lesson be learned? It was not the bullets of the enemy that decimated the armies; it was the bacilli of disease. At times his brigades worked havoc with the ranks, but the bacteria of pathogenic processes conducted a twenty-four hour campaign on every day of the year. How are these ravages to be met? By the trained medical officer, who can give force to his knowledge, in an authoritative order.
>
> In simple terms it may be said that the triumph of Japanese naval surgery was due, mainly, to soap and water and clean clothes. An order from a medical officer, directing the very elementary detail of a full bath and clean clothes, from within out, was respected by the fleet. In other words, an order from the medical department, on a matter that was administratively medical needed no further force to make it effective. Herein lies the key to the situation: it is the medical officer, as a real force in authority, accomplishing results."

It is too early for even reliable preliminary statistics of the present war to be available, but it is known that France has suffered greatly because of tuberculosis and the venereal diseases have rendered inefficient large bodies of troops. Reports of venereal diseases among Austrian soldiers are particularly startling. An Austrian army surgeon, Hecht, states in a recent issue of the Wiener Klinische Wochenschrift, that soldiers suffering from venereal diseases are being treated in hospitals, while sound and healthy men are being shot down in their stead. This actually places a premium on sexual infection and spares the syphilitics while the sound are killed. Surgeon Hecht insists that a diagnosis of syphilis should be the signal for sending the man to the front. He wants to form special companies of syphilitics for treatment and service in the trenches. His estimate of the number of syphilitics in the Austrian army at several hundreds of thousands is a frightful condition to contemplate. He says that since the war began, a total equivalent to sixty divisions have been temporarily withdrawn from the fighting because of venereal diseases, and finally suggests, as a warning to candidates for matrimony, that the daily papers should carry a display advertisement something like this: "Beware of sexual diseases. Every couple should mutually demand a certificate of good health before the wedding."

If this condition prevails in the Austrian army it is fair to assume that a similar state, to a greater or less degree, exists in the armies of other countries now at war. It also indicates what the human race of the future will suffer when all of those infected with social diseases return to civil life, bringing with them a condition worse than death on the battlefield.

Aside from these fragmentary reports, we have little information relative to the control of communicable diseases in the armies now at war. While it is true that there was a lack of medical preparedness in Great Britain before the beginning of hostilities in 1914, there has been a marked improvement in the control of communicable diseases among the allies since that time. The lack of medical preparedness in this country has been as great as our general lack of military preparedness. There is a full realization of the importance of sanitation, however, and both army and navy are doing all that may be possible to lessen the prevalence of communicable diseases in our men. The spirit of 1917 is entirely different from the spirit of 1898, and there is every reason to believe that our record of hygiene and sanitation in this war will be equal, if not better, than the wonderful record made by the Japanese in 1904.

Signing up for service in the California National Guard. Civilians are to a large extent responsible for the health of these men. Conditions unfavorable to their health while in the state can not be tolerated.

In California men now in training camps are under excellent sanitary supervision. Men recruited from California ought to go to the front in excellent physical condition. Our civilian authorities are cooperating with Army and Navy in bringing about this result. Its success depends upon the cooperation of all citizens, whether physicians or laymen, in promptly notifying the local health officer of every case of communicable disease, however slight, and aiding in the enforcement of control measures.

PHYSICAL INSPECTION OF SAN BENITO COUNTY SCHOOL CHILDREN.

By **Beatrice H. Woodward**, Visiting Nurse,

California Association for the Study and Prevention of Tuberculosis.

The physical inspection of school children of San Benito County was undertaken on April 30, beginning with the grammar schools of the county seat; not finishing these schools, however, as they were used as a base, which proved a very good arrangement, as often a rural school near by would take but half a day, the remaining part being given to work in grammar schools. Often two morning hours were spent in the grammar school and the remainder of the day taken up in visiting schools outside of the town.

This arrangement, unusual as it may seem, worked out very well, owing to the *unusual* conditions under which the inspection of the entire number of schools in the county was made.

Never before has such courtesy and forethought been shown to the visiting nurse in any county. Mr. W. J. Cagney, the county superintendent of schools, made it his business to personally take the nurse to each and every school in the county. This, as one may surmise, took much forethought and foreplanning, not only for each day's schedule, but also for all the office work and detail that falls on a county superintendent who is without a deputy.

Although inspection did not begin until the aforementioned date, actual preparation has been under way in the county for many months. In making his request for the services of the nurse, the county superintendent assured Miss Tate that should his request be given favorable consideration, proper sanitary conditions would prevail throughout the county. Therefore, before the examination was begun, nowhere did a school fail to meet the condition without which it would not be possible to avail itself of the service of the nurse.

A warm and demonstrative greeting was given to the nurse by the children upon her arrival in Hollister, and never in any county yet visited has the courtesy and politeness of the children of *every* school been so manifestly apparent as it has been without exception in the schools throughout San Benito County.

The different groups of children reflect that which their county superintendent untiringly takes to them and leaves with them when he makes his visits to their schools.

I do not feel I would be doing my report justice were I not to mention that which impressed me very forcibly everywhere I went.

In each school the children showed politeness, hospitality, enthusiasm and patriotism.

Politeness: The pupils always come out to the door, or, if you are seen approaching, out to the gate, to meet you. Handshakes from each pupil and expressions of pleasure at seeing you are genuinely given. When you enter their school building, your coat and hat are always taken from your hands and properly disposed of by them.

Hospitality: When within their school building, the pupils always make you feel quite at home, showing a genuinely happy spirit, and making you feel one of them. This, as we know, is the essence of hospitality.

Enthusiasm: Showing pleasure at having you among them; enthusiastic appreciation of that which you bring them, shown not silently alone, but in the hearty applause, the good hand-clapping which one is never without, after addressing the schools of San Benito County.

Patriotism: Every pupil salutes the flag of this country with enthusiastic patriotism, and understanding of the words he is using. Never before have I seen the flag of the state of California universally saluted in the schools as it is in San Benito County. Every school building has the stars and stripes and the bear flag on its walls.

One often hears the country school children pitied—they are so shy; it is so difficult for them to meet strangers, it is said. This, however, is not true of *these* children. And they are not to be pitied, but in many ways are to be envied. The spirit of politeness, hospitality, enthusiasm and patriotism, together with individual love and attention for each child that is carried untiringly into all the schools by their county superintendent, manifests itself to complete strangers such as, for instance, the visiting nurse sent out by the California Association for Study and Prevention of Tuberculosis.

Never before have I been impressed by school children as a whole, and by school buildings and grounds, as I have been in this county of San Benito.

Every school building has screened windows and doors. All walls are painted or papered, and copies of good pictures are to be seen everywhere. All floors are kept very clean. There is not a double desk in the county. Each school has a musical instrument of one kind or another. Many have window boxes full of growing flowers, potted plants or hanging baskets inside, while outside a vegetable and flower garden for each child is carefully cared for and watered. All school properties are fenced and water is on the grounds, windmill-pumped or piped. All toilets are in good, sanitary condition. Some of the rural schools have installed water-flushed sanitary toilets. The painted toilet seat which is found in some is recommended for all; also the collapsible lid—the lid with a hinge, that can not remain open unless actually propped.

The rural schools have individual drinking cups and most have paper towels. Where the paper towel is not yet in use, individual hand towels are brought by each pupil from his own home. In several of the rural schools the toothbrush drill is an established thing. With but few exceptions, the playground apparatus is to be found on every ground.

The children are taught to care for their books as friends. It was my privilege to inspect their books, and I should like to give a word of praise here to the teachers who are loyal to this idea, for books that I was told had been in use many years were certainly in excellent condition—pages clean, backs unbroken, covers in good order. The highest tribute, after all, that can be paid to the schools of San Benito County is that there is not a boy addicted to the cigarette habit to be found anywhere in the elementary schools. This remarkable condition prevails as the result of a campaign which I am told has been waged for the last twenty-five years in this county against the boy's greatest enemy, namely, the cigarette.

May I give an account of a two days' trip taken to rural schools? Leaving Hollister at 7 a.m., we reached a school many miles distant at

8.30. Finding all pupils and teacher already present, we stopped to make inspection of an extra happy group of children who were, with their teacher, rejoicing in a remodeled school, also new playground apparatus. In this particular school, the example of perfect orderliness and screened windows and doors, etc., was extended to the homes of the foreign pupils. New homes being built have all the good things that the schoolhouse has striven for and finally attained. One more school was visited and pupils inspected before going over two mountain passes into a valley where we were scheduled to arrive at 1 o'clock. This we did on time. On reaching the school building, great interest was developed by the presence of parents and grandparents, who were assembled to hear the pupils addressed on hygiene, and to watch the inspection. It was a happy day for all of us. Here, as elsewhere, grounds were fenced, trees had been planted and now had a good start, greatly to the credit of the teacher and trustees, watering being no easy matter here in earlier days.

The spirit of these children of the plains is very wonderful, and their teacher must be highly commended for training them as she has done. We did not linger unnecessarily here, for one more school had to be inspected, if possible, that day. Peralta school contains five children, all members of one family. It was not a difficult matter to go several miles off the beaten track to the home of these children. This we did, and, in the presence of their mother and grandmother, and teacher, whom we picked up on the road as we passed, the inspection was made, greatly interesting all of us, as all were "Perfect." On again we drove, reaching our final destination, New Era Mines, at the supper hour. Applying for rooms at the hotel, we were told that there was not an inch of space anywhere. The teachers kindly offered me the hospitality of their room by placing an extra couch there, but no room could be found for the county superintendent. The priest had arrived to pay his annual visit and had taken the only available room. The difficulty was overcome by the extra couch being placed in an unused corner upstairs, and the teachers sleeping two in one couch, I occupying the other in their room.

A "Grand Gipsy Revel" was being held at the hall in the camp that night. Services were held by the priest, also baptisms and instructions to children. Everything and everybody had a gala air. We first attended services of baptism and instruction and then went to the "Gipsy Revel." A dance followed, which made a late hour for retirement. After the long day's drive through many canyons and over mountain grades, cot and sleep were a most acceptable conclusion to the day so full of rich experiences and memories of that glorious, ever-changing scenery. One was reminded constantly of Switzerland and southern France.

The following morning we climbed to the top of the mountain to reach the schoolhouse which is perched there. The former building had slid into the creek after many landslides. This one, however, is absolutely out of harm's way. It is a steep pull to the top, but when once *at* the top, one is certainly repaid. The mining camp lies at one's feet; the many mountain peaks that surround one do not look as formidable as when one is in the canyon. The schoolhouse is the only one in the county where water is not on the place, and when this can be arranged for is hard to tell.

The children climb like goats up and down to school and think nothing of the steepness. The schoolhouse contains seventy-five foreign children all ready and eager to learn, and the two teachers in charge certainly have a happy influence upon their large family. We all took luncheon together at the mining men's cook house. The luncheon was delicious and the cook house clean. Calls were made in the home of children who were out of school on account of sickness, and mothers with babies visited. Leaving the mines at 2.30 the following day, we reached Hollister the same evening. Many such trips as this throughout the county were made extra enjoyable by the presence of Mrs. Cagney, the wife of the county superintendent.

As an evidence of the interest that is being taken where there is an understanding of the work that is being done through physical inspection of elementary schools of California, I am glad to say that the Sisters of the Sacred Heart School in Hollister were the first teachers of a parochial school to avail themselves of the opportunity to have their children examined by the nurse. It was my privilege and my pleasure to visit this institution. Most of the children enrolled were examined, and the warmest welcome extended by them and by the noble women in charge.

The trustees of the schools of San Benito County are remarkable in that unusual cooperation with the county superintendent is willingly given. They realize the grave responsibility that rests upon them, and I have found that in every district they were endeavoring to discharge the same.

It is my pleasure also to speak in high terms of the teachers of the county. I found them possessed of many of the noble qualities we are so anxious that the children under their control should acquire. They expect the best, stand for the best, and are a unit in striving to make the schools the best in California.

The children of San Benito County have won the deepest affection from their visiting nurse, and never can they fade from her memory.

Defects found in Examination of San Benito County School Children.

School	Tonsils and adenoids	Adenoids	Teeth	Eyes	Ears	Pupils examined	Pupils normal
Hollister—							
Grammar	101	31	150	29	7	364	129
Girls' high	22	2	6	8	4	80	47
Fairview	4	2	9	0	0	12	3
Olympia	5	3	8	1	0	22	9
Union	8	2	15	2	4	25	5
Ausaymas	10	1	16	4	2	39	17
Santa Ana	6	1	8	1	0	16	3
Santa Anita	2	1	1	0	0	6	2
Quien Sabe	3	1	2	0	0	8	4
San Justo	14	0	15	1	0	22	1
Gabilan	3	0	3	0	0	6	2
Cottonwood	2	1	3	1	0	12	5
Antelope	3	1	5	1	0	7	1
Panoche	6	0	6	2	0	18	7
Peralta	0	0	0	0	0	5	5
Idria Mines	14	2	33	3	0	57	16
Enterprise	6	0	8	2	0	13	2
San Benito	8	1	4	0	0	15	4
Tres Pinos Union	16	20	6	0	0	30	4
Live Oak	6	0	4	3	0	8	0
Willow Grove	7	2	11	2	1	17	1
Jefferson	7	0	8	2	0	21	8
Columbus	2	1	2	1	0	7	2
Bitterwater	11	1	14	3	1	24	5
Tully	6	0	3	0	0	10	1
Bear Valley	3	0	1	0	0	8	5
Willow Creek	0	0	0	0	0	3	3
San Juan Bautista	41	2	58	6	4	96	22
San Felipe	7	1	6	1	2	10	0
Pacheco	15	0	12	0	2	36	13
Vineyard	2	2	4	0	0	8	3
Cienega	3	0	4	3	0	14	6
Paicines	1	1	3	1	0	5	2
Aromas	5	1	7	2	0	18	7
Lone Oak	2	0	2	0	0	6	2
Sacred Heart Convent	35	7	56	12	2	126	39
Totals	386	87	493	91	29	1,174	385

Summary—San Benito County.

Tonsils and adenoids	386
Adenoids	87
Teeth	493
Eyes	91
Ears	29
Examined	1,174
Normal	385

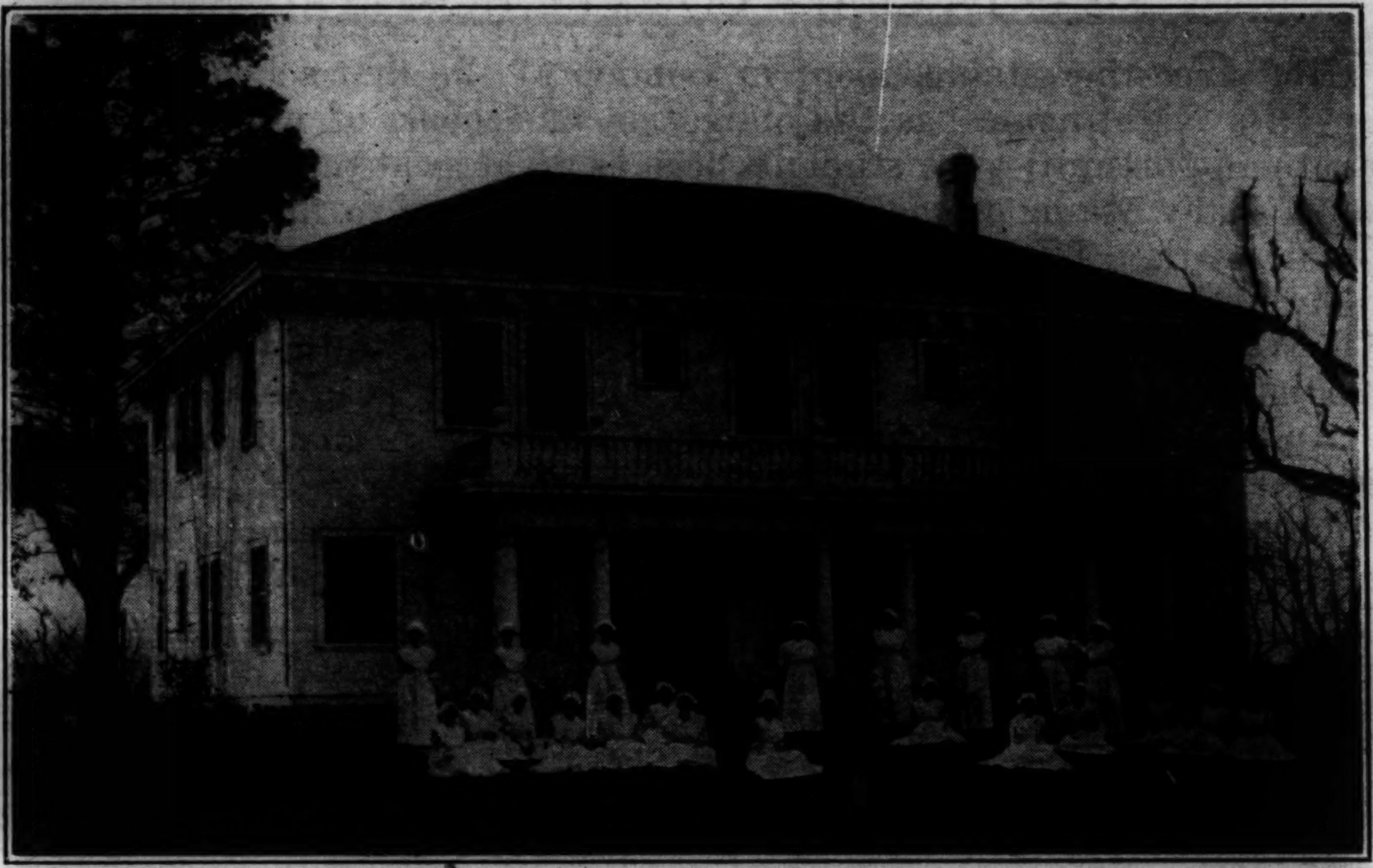
SANTA CLARA COUNTY HOSPITAL.

Not since the establishment in London of the first school for nurses by Miss Nightingale has the obligation of schools of nursing for providing opportunities for students been as great as at the present moment when many young women are seeking an avenue to fit themselves for public work. This obligation is pressing upon the hospitals to prepare their students for the highest efficiency in nursing and its allied services. The schools of California will, beyond doubt, arise to their opportunity, particularly those schools connected with county hospitals.

Among the schools preparing their students in an efficient manner for the demands that will be made upon them later is the Santa Clara County Hospital School for Nurses. Here the opportunity and facilities for instruction and experience are large; the beautiful and well-ordered hospital, its comfortable home for the nurses, the watchful care of a wise superintendent, contribute to the making of a valuable school. It is very evident that an institution of this type may well be ranked among the best in the state and be a source of gratification and pride to the people of Santa Clara County.

While every county hospital can not be located in such beautiful surroundings as the Santa Clara County Hospital, its high level of administration may be reached by other county institutions.

Many nurses are going to be needed for the work we have in hand, in foreign countries and in our own state. There is ground for encouragement in the efforts that are being made to graduate well-qualified women from our schools, in the splendid response of a number of county hospitals and their generosity in opening their doors to other schools to share in their facilities for experience. Few hospitals are able to offer special preparation for the student to enter the field of public health or social service work after graduation and for this the county hospitals, under favorable conditions, should be well fitted.



A well conducted nurses' home is an important asset to a training school. The nurses' home at the Santa Clara County Hospital contributes greatly to the value of the institution.

HEALTH DEPARTMENTS AND THE ALCOHOL QUESTION.

Recently Dr. Haven Emerson, Commissioner of Health of the city of New York, has twice come to Boston, first, to address a meeting called by the alcohol committee of the Associated Charities, and later, a group of doctors and their wives, in regard to the effects of alcoholic drink on the health of the community. The information given by Dr. Emerson and the opinions expressed by the doctors present as to the part played by alcohol as a cause of sickness and death seem to demand that the departments of health should give out such information on the subject as they possess, especially the results of the more recent scientific inquiries.

Health departments are not called on to discuss the use of alcohol from a moral or religious point of view, but in so far as it affects the health of individuals and of society at large, the community has a right to expect the doctors and health departments to give the facts, together with sound and reliable opinions; to tell the truth, the whole truth and nothing but the truth.

It is quite as important that the public should be correctly informed as to the effects of alcohol as it is that they should know the facts about tuberculosis and syphilis.

The amount of alcohol in patent medicines should be generally known.

We know now that alcohol is not a stimulant, but is a depressant; that its excessive use frequently causes insanity; that used even in moderation it more or less impairs the nervous system so that impressions are less clear and actions less accurate, thus causing innumerable accidents to the individuals and other innocent persons.

Alcohol causes damage to the heart, kidneys and blood vessels, as well as to the stomach and liver. Owing to its effect on the germ plasma it often damages the unborn babe. It reduces the resistance to bacterial infection, thus rendering individuals more susceptible to tuberculosis and other infections. Regular drinkers have a decidedly smaller chance of recovering from pneumonia. These subjects may be taken up more in detail in later numbers of the bulletin.

The more we know about disease the more clearly we see that preventive medicine is most important for human welfare; for suppose a part of the body has been impaired or destroyed by syphilis or alcohol,—such destruction might have been prevented, but usually can not be repaired.

SUMMARY OF 1917 HEALTH LAWS.

Bed Sheet Law, Chapter 228, provides for clean bedding and large sheets in all hotels and for the sanitation of bedrooms and wash rooms.

Contagious Diseases, Chapter 531, amends the contagious disease act. Provisions similar to S. B. 428; also makes it the duty of governing bodies to repay moneys expended by the state for the extermination of ground squirrels on public lands.

Cold Storage, Chapter 110, amends cold storage act; provides for the deposit of license fees from cold storage warehouses to the credit of the food and drug laboratory instead of to the State Board of Health traveling and contingent fund.

Drinking Cups, Chapter 744, provides not only for the prevention of the common use of drinking receptacles, but it also prevents the use of casks, water coolers and other receptacles for storing or supplying drinking water unless covered and protected so as to prevent persons from dipping the water therefrom and contaminating it.

Health Officer (repeal), Chapter 102, provides for the repeal of section 3062 of the Political Code pertaining to the appointment of a health officer by the county board of supervisors in each unincorporated city or town of five hundred or more inhabitants.

Local Health Boards (repeal), Chapter 123, amends certain sections of the Political Code; places the responsibility for the enforcement of various laws, regulations, and quarantine rules pertaining to health upon the health officer of an incorporated city rather than upon the local board of health; protects records of tuberculosis cases against private inspection.

Shellfish Act, Chapter 48, prohibits taking shellfish from contaminated sources if they are determined by the State Board of Health to be a menace to health; provides for the examination of areas from which shellfish may be taken to determine if such places are subject to sewage contamination.

Swimming Pools, Chapter 63, provides for the inspection and licensing by the State Board of Health of public swimming pools, bathhouses, etc.

Sewage, Chapter 600, amends portions of the public health act pertaining to the disposal of sewage; extends the scope of the act to apply to sewage treatment works and sewage disposal other than into streams and natural bodies of water; provides a penalty for violations.

Towels, Chapter 745, prohibits keeping towels in public places for common use and provides for boiling or steaming all towels intended for use by more than one person, in public places, between consecutive uses of such towel.

Vital Statistics, Chapter 548, amends the registration act; makes the director of the bureau the state registrar. It also provides for the creation of primary rural registration districts consistent with the model registration act. The bill requires reports of births to be made within five days instead of 36 hours; makes a number of minor changes.

Water, Chapter 754, amends an act of 1913 preventing the supply of water dangerous to health for domestic purposes; extends the provisions of the act to apply to impure and impotable waters as well as waters dangerous to health; provides a penalty for violations.

Local Health Districts, Chapter 571, enables the smaller cities to combine with each other and surrounding and intervening territory to form local health districts for the purpose of maintaining complete health departments under full-time expert health officers.

Milk Law, Chapter 576. The "new milk law" (Chapter 164, Statutes of 1915) with a corrected title and minor amendments. One amendment clearly forbids the sale of milk as "guaranteed," "Grade A" or "Grade B," anywhere in the state unless under the supervision of an approved local inspection department. The State Veterinarian is required to exclude reacting animals from herds, and to mark cows which react.

Nurses Registration, Chapter 51, amends nurses registration act; provides a penalty for the impersonation of any applicant at any examination for certification as registered nurse. Section 11 of the act is amended so as to permit the investment of all funds in the nurses registration fund in excess of ten thousand dollars by the State Board.

Occupational Diseases (repeal), Chapter 227, provides for the repeal of "An act to provide for the reporting of occupational diseases," approved April 21, 1911. (The reporting of occupational diseases is now under the jurisdiction of the State Industrial Accident Commission.)

Plumbers' Examination, Chapter 65, provides for the examination and certification of plumbers in each city and town which has a sewer system, the examination to be conducted by an examining board of three members appointed by the State Board of Health.

Pesthouse (repeal), Chapter 44, repeals section 373, Political Code, which prohibits pesthouses or hospitals for the care of cases of communicable diseases within the limits of any incorporated city.

Pure Foods, Chapter 781, amends pure food act; makes it possible for the State Board of Health to fix standards of purity for foods and liquors; raises certain salaries in the pure food and drug laboratory; empowers the director of the laboratory or his agents to quarantine adulterated or mislabeled foods.

State Registrar, Chapter 231, provides for the employment of a clerk of the State Board of Health and for additional clerical and professional assistance.

MOBILIZATION CAMPS—COMMUNITY PROBLEMS AND RESPONSIBILITIES.

Abstract of an address given by **MR. BASCOM JOHNSON.**

Hospital and army records show that venereal disease is one of the worst enemies of the European armies. "During the first eighteen months of the war, one of the great powers had more men incapacitated for service by venereal disease contracted in the mobilization camps than in all the fighting on the front." A Vienna report says, "Since the war began a total, equivalent to sixty divisions, have been temporarily withdrawn from the fighting for venereal disease."

Dr. M. J. Exner, who made a personal study of this problem on the Mexican border while our troops were there, says, "The most serious problem is in connection with the mobilization camps and home barracks. In the case of all the troops on the border, a vastly larger proportion of venereal disease was contracted before reaching the border than was contracted afterwards. This accords with the experience of the European armies in the present war."

The commander of one camp on the Mexican border took the control of saloons and houses of prostitution into his own hands. He issued orders to the soldiers forbidding them to visit saloons or houses of prostitution, he then placed sentries before every saloon and every house of prostitution to see that his orders were enforced. The result was, only fifty-six hundredths of one per cent of his men showed by applying for prophylactic treatment that they had been with fast women, while in five other camps the per cent was from eleven to twenty. Furthermore, the men of the regiments in this camp were proud of the moral reputation of their camp. Dr. Exner says, "Many of these men said to me, with a ring of pride, 'Oh, we have a clean bunch here.' This feeling of group pride was everywhere conspicuous among the military units of this camp, and was in itself a great restraining influence. It was unique; I found it nowhere else."

The experience on the Mexican border shows that the handling of the problems of prostitution and liquor can not be left to the individual commanders, as only one of seven camp commanders took any adequate measures to prevent drunkenness and prostitution among his soldiers. It also shows that the extent of the practice of prostitution is in direct ratio to its accessibility. The problem of prostitution can be solved only by the recognition of the well established fact that sexual indulgence is not necessary for the health, or for the preservation of the sex power and the sex instinct in men.

Every man and woman who wishes our republic to have an army of efficient men, free from the curse of drunkenness and from the blight of the social evil, should do all in his or her power to provide for the soldier an environment free from houses of prostitution and free from the temptation of the saloon.

MAY REPORT OF PLAGUE SUPPRESSIVE MEASURES.

By C. L. Williams, Passed Assistant Surgeon, United States Public Health Service, in Charge Joint Federal and State Plague Suppressive Measures.

During the month of May, 1917, the outstanding feature of plague eradicative work was the discovery of an infected squirrel within the county of San Francisco. This squirrel was shot about one mile north of the county line between San Francisco and San Mateo counties and about a mile southwest of that part of the city known as Glen Park. The lesions indicated a chronic type of infection which had probably existed for three months or more. The discovery of this infected squirrel was immediately reported to the Bureau of the United States Public Health Service, to the California State Board of Health and to the Health Department of the city of San Francisco.

On account of lack of funds it has been impossible to do more in combating this new focus of infection than to place three hunters in the county with the object of securing specimens for laboratory examinations from all parts of the county where ground squirrels are found, in order that all infected areas may be discovered. As soon as the appropriations for the next fiscal year become available extensive operations will be instituted in San Francisco and San Mateo counties. In addition, it is expected that an extensive rat survey will be conducted in the city of San Francisco.

In the other counties in which ground squirrel eradication is being carried on the work has gone on about as usual. At this time of the year it is difficult to secure active measures on the part of landowners on account of the high grain on cultivated lands, the harvesting of hay and other operations that require immediate attention. However, a considerable quantity of poisoned grain has been mixed during the past month with a view to instituting a concerted action over considerable tracts at the proper time.

Hunting operations in Santa Cruz County disclosed a heavy plague infection on the Chittenden ranch. Active measures were immediately instituted. No further plague infection has been developed in San Mateo County in spite of extensive hunting operations.

Below is appended a tabulated statement of eradicative operations during the month:

Number of inspections and reinspections of lands	1,766
Number of acres inspected and reinspected	654,585
Number of acres treated with poisoned grain	254,652
Number of acres treated with waste ball method	17,792
Number of holes treated	125,443
Number of acres treated with destructors	430

THE JUNE MEETING OF THE STATE BOARD OF HEALTH.

At the meeting of the State Board of Health in Sacramento on June 2, 1917, the following members were present: Drs. George E. Ebright, president; Fred F. Gundrum, vice president; Edward F. Glaser, Adelaide Brown, Robert A. Peers; and Wilbur A. Sawyer, secretary.

Five inspectors employed by the supervisors of Siskiyou County in enforcing the state rabies quarantine were deputized as inspectors of the State Board of Health without salary.

Certificates as registered nurses were granted to 174 nurses who had passed the examination held by the Bureau of Registration of Nurses on April 18 to 19. Thirty-eight candidates had failed to receive the required grade. Two nurses were given certificates through reciprocity.

A permit was given to the Manor Water Company to supply water to Fairfax Manor, and a temporary permit was given to the Lake Hemet Water Company to furnish water to Hemet. Sewage disposal permits were granted to the Moraga Water Company at Moraga, and to the Folsom Sanitary District at Folsom.

The following resolution was adopted:

> *Resolved,* That sacks which have been used for the collection of soiled laundry shall not be used for the delivery of clean laundry unless such sacks have been thoroughly washed before the clean clothes have been placed therein.

Dr. Frank L. Kelly was promoted from the position of assistant epidemiologist to that of epidemiologist.

The resignation of Dr. James G. Cumming, Director of the Bureau of Communicable Diseases, was accepted with the proviso that it take effect on August 1, as requested by Dr. Cumming, and the following resolution was adopted:

> *Resolved,* That the California State Board of Health accepts with regret the resignation of Dr. James G. Cumming as Director of the Bureau of Communicable Diseases in order that Dr. Cumming may take up his duties as captain in the Medical Reserve Corps of the United States Army; and in accepting the resignation of Dr. Cumming the board wishes to express its gratification over the increase in the work done by the bureau while under Dr. Cumming's administration and over the efficiency with which that work was done.

It was decided that the vacancy created by the resignation of Dr. Cumming and also six new positions as state district health officer be filled through civil service, the examinations to be held on June 30 throughout the United States by the United States Public Health Service, acting for the State Civil Service Commission. Examinations for the positions of epidemiologist in the Bureau of Communicable Diseases and bacteriologist of the southern division laboratory of the same bureau are to be held by the Civil Service Commission throughout California on the same date.

On the recommendation of the director of the Bureau of Tuberculosis the Marin County Tuberculosis Hospital was declared eligible for the state tuberculosis subsidy.

The secretary was instructed to arrange, if possible, through the State Bureau of Registration under the Draft Act, for the reporting of all cases of tuberculosis discovered during the physical examinations, and for the subsequent examination, when desired, of the tuberculosis patients by experts, and their proper supervision and care as far as possible; and also for the reporting and, if requested, the correction of correctible defects in men who would otherwise be acceptable in the army.

A motion was carried that the board recommend to the proper state authorities the setting aside from the emergency defense fund, or such other moneys as may be available, the sum of $100,000 for the establishment and maintenance by the State Board of Health, at suitable locations selected by the board, of a convalescent camp or camps for tuberculous persons rejected at time of enlistment or returned from the army.

Mr. Kemper B. Campbell, attorney to the board, announced that a decision favorable to the contentions of the board had been handed down by the Second Appellate Court in the case of *Boss* vs. *Lewis.* This decision upheld the right of the state to compel the counties to pay the fees of local registrars of vital statistics.

The action of the secretary in assigning the enforcement of the new plumbers' registration act to the Bureau of Sanitary Engineering was approved.

The board approved the formation of a division of biology in the Bureau of Communicable Diseases which would be under the supervision of Professor Charles Kofoid of the University of California. Professor Kofoid and Assistant Professor W. W. Cort were appointed biologist and associate biologist without salary from the State Board of Health. The purpose of the new division is to do protozoological and helminthological work for the State Board of Health in connection with war sanitation and to make investigations of flukes, worms, protozoa, and other human parasites, particularly intestinal parasites, throughout California.

The board considered the salaries of the staff and made a number of changes, which will be effective July 1, 1917, and considerable other routine business was transacted.

As usual a large number of alleged violations of the pure foods and drugs acts were given hearings and action was taken by the board in each case.

WILBUR A. SAWYER, *Secretary.*

REPORT OF THE BUREAU OF ADMINISTRATION FOR MAY, 1917.

W. A. SAWYER, M.D., Director.

MORBIDITY REPORTS.

GUY P. JONES, Morbidity Statistician.

Diphtheria, chickenpox, pneumonia, typhoid and German measles were more prevalent during May, 1917, than during the preceding month. There were decreases in the numbers of cases of measles, smallpox and whooping cough.

Smallpox.

Smallpox was reported from Alameda, El Centro, Pomona, Sausalito, San Bernardino, Santa Clara County, Redding and Vallejo. Of the 16 cases reported during the month, 14 had never been vaccinated, vaccination histories not being obtained for the other two.

Typhoid Fever.

Seventy cases of typhoid fever were reported during May, as against 53 cases reported during April. Twelve of these cases were reported in Oakland, two of which were undoubtedly contracted outside of that city. There were nine cases in San Francisco, eight in Los Angeles, four in Pasadena, three in El Centro, and three in Los Angeles County. The rest of the cases were scattered throughout the state, most of them appearing, however, in the San Joaquin and Sacramento valleys.

Epidemic Cerebrospinal Meningitis.

Six cases of this disease were reported, three in San Francisco, one in Los Angeles, one each in Contra Costa and Alameda counties.

Poliomyelitis.

But two cases of poliomyelitis were reported, one in Santa Cruz and one in Tulare County. In April there was but one case reported, that being in Los Angeles City.

Malaria.

Thirty-three cases of malaria were reported, nearly all of them being in the San Joaquin and Sacramento valleys.

Pellagra.

Three cases of this disease were reported during May, two in San Bernardino County and one in San Diego.

Measles.

Measles continue to be reported in large numbers during May, the total for the month reaching more than 4,000.

Leprosy.

Three cases of leprosy were reported, one case each appearing in Oakland, Richmond and Los Angeles.

Summary.

There were 8,819 cases of communicable diseases reported to the State Board of Health during May, 1917, while but 4,162 such cases were reported during the month of May, 1916. While more than 4,000 cases of measles were reported during May of this year, an increase of 3,600 cases over May of 1916, there were still 500 more cases of communicable disease reported during May of this year than during the same month of last year. Mumps, chickenpox and German measles were more prevalent during May of 1917 than during the same month of last year, while diphtheria, malaria, typhoid fever and whooping cough were considerably less prevalent during this month of 1917 than during the same month of 1916.

SANITARY INSPECTIONS.

EDWARD T. ROSS, Sanitary Inspector.

The first week of the month was spent in Los Molinos Mosquito Abatement District assisting in the mosquito eradicative work. Public meetings were held and the citizens were visited in their homes for the purpose of explaining to them the best methods to be employed in preventing the spread of malaria. A large amount of ditching was done by the citizens and numerous mosquito breeding pools were drained or oiled.

While investigating the rabies situation in Shasta County I attended a meeting of the board of supervisors. A petition signed by a number of citizens and represented by thirty or forty persons was presented, praying for the repeal of the dog tax ordinance now in effect in that county. I spoke against the repeal of the ordinance and the board, after giving the matter careful consideration, unanimously refused to grant the petition on the grounds that rabies were still prevalent in adjoining sections.

A sanitary survey was made of the town of Plymouth and vicinity, and the town of Lockeport was reinspected.

The last week of May was spent in Siskiyou County assisting in the campaign against rabies. At a special meeting of the board of supervisors the matter of enforcing the state rabies quarantine was taken up, and the attention of the board was drawn to the fact that the law was not being enforced. After a general discussion of the matter, the board unanimously adopted a resolution authorizing the county health officer to employ four additional deputies, thereby increasing his force to five deputies for rabies work. From the opening of the campaign in February to the first of May over 400 stray and surplus dogs, about 50 cats and 75 coyotes were killed and disposed of. The coyotes taken were trapped and do not include the large number which were undoubtedly destroyed by poisoning operations. Over 1,500 premises were visited, 10,000 strychnine capsules were issued to responsible citizens and hunters for extermination work and thousands of pieces of literature pertaining to rabies were distributed.

In addition to the various investigations and inspections made during the month, 21 sanitary reports were submitted.

Summary of Operations.

Investigations (rabies)	2
Campaigns (rabies 1, malaria 1)	2
Public meetings attended	7
Towns inspected and reinspected	2
Public schools inspected	4
Towns visited investigating complaints	8
Miscellaneous premises inspected	30
Sanitary reports submitted:	
Public schools	11
Resorts	1
Laundries	2
Slaughter houses	2
Miscellaneous	5
Total	21

Morbidity for May, 1917, by Weeks.

	Weeks ending—					Total, May, 1917	Total, May 1916
	May 5	May 12	May 19	May 26	June 2		
Epidemic cerebrospinal meningitis	2	0	0	2	2	6	9
Chickenpox	194	170	156	142	101	763	543
Diphtheria	51	56	51	37	33	228	353
Erysipelas	20	8	16	11	4	59	55
Gonococcus infection	46	32	32	39	25	174	89
Malaria	6	6	5	10	6	33	118
Measles	875	998	800	780	588	4,041	447
Mumps	243	292	204	276	220	1,235	425
Pneumonia	38	41	41	25	32	177	157
Poliomyelitis	0	0	0	0	2	2	2
Scarlet fever	82	105	101	77	57	422	393
Smallpox	1	1	9	3	2	16	18
Syphilis	38	20	19	22	32	131	127
Tuberculosis	141	94	127	139	123	624	644
Typhoid	16	13	16	12	13	70	122
Whooping cough	128	113	128	72	59	500	624
Dysentery	3	1	1	0	0	5	2
Beriberi	0	0	0	0	0	0	0
German measles	21	32	96	55	106	310	2
Tetanus	1	1	0	0	1	3	2
Trachoma	5	0	2	3	1	11	20
Leprosy	1	0	1	1	0	3	0
Pellagra	1	1	1	0	0	3	7
Ophthalmia neonatorum	0	0	2	0	1	3	3
Totals	1,913	1,984	1,808	1,706	1,408	8,819	4,162

REPORT OF THE BUREAU OF COMMUNICABLE DISEASES, FOR MAY, 1917.

J. G. CUMMING, M.D., Director.

Typhoid Bacillus Carrier Number Ten.

In January, 1914, Mrs. W. C., of Corning, had typhoid fever. Following the illness of Mrs. W. C., there occurred in her home during 1914 the following cases of typhoid fever: in February, case W. B., a boarder; in March, case C. E., the son of Mrs. W. C.; in April, case C., the daughter, and case T. C., a second boarder. During 1915, in March, case W. G. occurred in a third boarder and in April Case O., another son, contracted a fatal infection. During 1916 there was one case of mild type in this household in a fourth boarder. In April, 1917, the fifth boarder, case G. A., developed typhoid fever. There were in all eight cases in this household with one fatality. That this home was a center of infection is evidenced by the occurrence of only three other cases in the town since 1913.

The health officer of the town and the attending physician on the last case suspected the presence of a typhoid bacillus carrier in the home of Mrs. W. C. Their conclusion was based on the fact that three-fourths of the typhoid cases in the town, during the last three and a half years, could be traced to this household.

As a result the health officer requested a field and laboratory investigation, which was made. Stool and urine specimens were obtained, for laboratory examination, from three members of the family and one boarder. The typhoid bacillus was isolated from only one of these specimens—the stool specimen of Mrs. W. C. This organism had all the morphological, cultural and serological characteristics for the typhoid bacillus. It was agglutinated by a polyvalent serum in a dilution of 1-320, and it is interesting that the blood serum of Mrs. W. C. agglutinates the Hopkins strain of typhoid bacillus in the same dilution.

Investigation of a Case of Rocky Mountain Spotted Fever.

On April 30, 1917, Mr. W., a mining engineer, left his home in Palo Alto for Rogers, Idaho. On May 3, he traveled by team from Rogers to Jarbage, Nevada. While making this journey it was necessary for the patient and other members of the party to cut sagebrush to fill in almost impassible roads. In visiting the mines in and around Jarbage the patient rode a horse almost every day. Although the patient contended he was exposed to tick bite only when cutting brush on the way to Jarbage, it must be remembered that ticks infest horses and his daily riding afforded opportunity for infection.

On returning from Jarbage to Rogers, May 11, 1917, the patient noticed a pimple on the skin over the sternum. This lesion probably represented the focus of infection, an infected tick having gained entrance through the opening of the shirt.

On May 12, 1917, at Rogers, the patient experienced chilly sensations. These were rapidly followed by a flushed face and a general sensation of fever with intense pains in the muscles and bones. In this early stage there was no appetite and some nausea. On arriving at his home in Palo Alto, May 14, 1917, the aching of the bones became less severe and an intense headache developed. At this time the temperature was 103°, the respiration 18 and the pulse 82. From this time on the patient complained of a constant severe headache. The eruption appeared first on the inner surfaces of the thighs May 16, 1917. From these regions it extended within two days to the scalp, soles of the feet and palms of the hands, involving the entire body. The surfaces of the hands and feet were, however, not as extensively involved as the other surfaces of the body. It will be noted that the order of appearance of the eruption in this case is the reverse to that of the usual case of spotted fever.

On the third day of the eruptive stage there were both mulberry and maculo-petechial spots. The young mulberry spots, representing hyperæmic areas, could be easily pressed out, while the mature maculo-petechial spots, representing endarterities and interstitial extravasations, could not be pressed out. The mulberry spots were about one-eighth of an inch in diameter, with irregular borders and nonelevated, while the petechial spots varied in size from one to three-eighths of an inch, irregular in outline and apparently somewhat elevated. The spots remained discrete and gave the body a speckled appearance.

Neither the spleen nor the liver were palpable. Prior to the eruptive stage there was considerable albumen in the urine. This decreased in amount and finally disappeared about the twelfth day of illness. The blood count was slightly above normal. The patient was at no time semiconscious, although speech was labored at all times. The eyes were somewhat injected and sensitive to light. The fever was at no time above 103; and it began to fall by lysis just prior to the appearance of the eruption. It is significant that the respiratory rate rose with the fall in temperature—a symptom-complex common in Rocky Mountain spotted fever.

On the whole it may be said that this was a mild case of Rocky Mountain spotted fever; the fever was not high and there were moderate daily remissions. The most prominent subjective symptoms were "break-bone" aching during the first three days, followed by intense continuous headache over a period of ten days. The large number of spots were somewhat out of proportion to the symptoms.

On May 20, 1917, ten c.c. of blood were drawn from the median vein of the arm. This was inoculated intraperitoneally into two male guinea pigs—2 c.c. and 0.5 c.c., respectively. On May 26, 1917, the animal which received the largest dose of the blood developed an orchitis. The following day the orchitis was more marked. The swelling was accompanied by hyperæmia which was not only general but more intense in numerous small areas. The temperature in this animal is scarcely above normal, and had the temperature curve alone been relied upon as an indication of infection the characteristic lesions might easily have been overlooked.

As this pathological picture in male guinea pigs is a means of differentiating Rocky Mountain spotted fever from typhus and as these two diseases are the only ones with which we are concerned, in diagnosing the case in question, it may be definitely concluded that this case is one of Rocky Mountain spotted fever.

Conclusions.

1. A resident of California became infected in Nevada with Rocky Mountain spotted fever.
2. The case was one of mild type; recovery practically assured without complications.
3. The case was definitely diagnosed by animal inoculations as one of Rocky Mountain spotted fever.
4. This is the second reported case of spotted fever in California definitely diagnosed as such, the other one being the Oxnard case, Ventura County, July, 1916.

Division of Epidemiological Investigations.

Epidemiological Investigations and Other Special Investigations During May, 1917.

Main Laboratory at Berkeley—

- An investigation of malaria at Los Molinos.
- An investigation of typhoid fever at Corning.
- An investigation of a spotted fever case at Palo Alto.
- An investigation of scarlet fever at Taft.
- An investigation of a case of leprosy at Oakland.
- An investigation of a case of leprosy at Richmond.
- Continuation of hookworm investigation.

Total number of investigations -- 7

Division of Biological Examinations.

Summary of Examinations Made in the California State Hygienic Laboratory During the Month of May, 1917.

Condition suspected	Positive	Negative	Inconclusive	Total
Main Laboratory at Berkeley—				
Anthrax	1	2		3
Diphtheria (diagnosis)	4	23		27
Diphtheria (release)	9	7	1	17
Diphtheria (school investigations[1])	14	38	4	56
Gonococcus infection	7	35		42
Hookworm	1	3		4
Malaria	1	2		3
Rabies		10		10
Syphilis (Wassermann test)	15	169	2	186
Tuberculosis (sputum examinations)	7	14		21
Typhoid (Widal test)	8	26	7	41
Typhoid (excreta)	3	7		10
Typhoid (blood culture)		1		1
Miscellaneous	1	3	1	5
				426
Northern Branch at Sacramento—				
Diphtheria (diagnosis)	1	23		24
Diphtheria (release)		5		5
Malaria	1	8		9
Tuberculosis (sputum examinations)	4	21		25
Typhoid (Widal test)	2	13	2	17
				80
San Joaquin Valley Branch at Fresno—				
Diphtheria (diagnosis)	2	12		14
Diphtheria (release)	1	8		9
Gonococcus infection	1			1
Malaria		6		6
Tuberculosis (sputum examinations)	2	8	2	12
Typhoid (Widal test)	1	6		7
				49
Southern Branch at Los Angeles—				
Diphtheria (diagnosis)	15	74	1	90
Diphtheria (release)	17	24		41
Diphtheria (school investigations[2])		40	2	42
Tuberculosis (sputum examinations)	6	4		10
Typhoid (Widal test)	4	9	3	16
				199
Total number of examinations				754

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[1] Cultures taken from school children at Monterey (56).
[2] Cultures taken from school children at Garvalea (42).

Division of Preventive Therapeutics.

Pasteur Treatment for the Prevention of Rabies by the State Hygienic Laboratory During the Month of May, 1917.

	Treatment commenced	Treatment completed
Main Laboratory at Berkeley	0	0
Northern Branch at Sacramento	0	0
San Joaquin Valley Branch at Fresno	0	0
Southern Branch at Los Angeles	4	0
Laboratory of Sacramento Board of Health, by deputized bacteriologist	0	0
Laboratory of San Francisco Board of Health, by deputized bacteriologist	0	0
Laboratory of Los Angeles Board of Health, by deputized bacteriologist	0	0
Laboratory of San Diego City Board of Health, by deputized bacteriologist	0	0
Laboratory of Letterman General Hospital, Presidio, by deputized bacteriologist	0	0
Laboratory of United States Naval Hospital, Mare Island, by deputized bacteriologist	0	0
Totals	4	0

Distribution of Laboratory Products.

Vaccine for the Prevention of Typhoid Fever Issued by the State Hygienic Laboratory During the Month of May, 1917.

Number of physicians to whom vaccine was sent	10
Number of complete treatments sent	183

Ophthalmia Neonatorum Prophylactic Outfits Distributed During the Month of May, 1917.

Number of outfits, containing two ampoules each, issued	284

Public Health Instruction.

Participation in Instruction in Public Health During May, 1917.

Main Laboratory at Berkeley—

Bacteriological instruction outfits sent out	0
Bacteriological instruction outfits in use	17

REPORT OF THE BUREAU OF VITAL STATISTICS.

GEORGE D. LESLIE, Director.

Births, Deaths and Marriages for April.*

State Totals and Annual Rates. The following table shows for California as a whole, the birth, death and marriage totals for the current and preceding months in comparison with those for the corresponding months of last year, as well as the annual rates per 1,000 population represented by the totals for the current and preceding months. The rates are based on an estimated midyear population of 3,037,968 for California in 1917, the estimate having been made by the Census Bureau method with slight modifications.

Birth, Death and Marriage Totals, with Annual Rates per 1,000 Population, for Current and Preceding Months, for California: April.

Month	Monthly total		Annual rate per 1,000 population, 1917
	1917	1916	
April—			
Births	4,350	3,973	16.9
Deaths	3,486	3,168	13.5
Marriages	3,220	2,075	12.5
March—			
Births	4,345	4,179	16.8
Deaths	3,775	3,366	14.6
Marriages	2,126	2,106	8.2

The three totals for April, 1917, show a considerable increase in each instance over the same month of last year. The birth registration for April exceeded the number of deaths by 864, or 24.8 per cent.

Length of Residence. The length of residence in California for the 3,486 decedents in April was as follows: Under 1 year, 167, or 4.8 per cent; 1 to 9 years, 610, or 17.5 per cent; 10 years and over, 1,585, or 45.5 per cent; life, 874, or 25.1 per cent; and unknown, 250, or 7.1 per cent.

County Marriage Totals. The counties showing the highest marriage totals for the month were as follows: Los Angeles, 705; San Francisco, 660; Alameda, 312; Orange, 143; San Bernardino, 98; Santa Clara, 98; San Joaquin, 97; Sacramento, 90; Fresno, 88 and Riverside, 65.

The aggregate for San Francisco and other bay counties was 1,093 against 848 for Los Angeles and Orange counties together.

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*NOTE.—The present report is for the month preceding but two. This order must be followed, because of the publication of the Bulletin during the early part of the month, before the tabulation of records for the next preceding month is completed.

County Birth and Death Totals. Exclusive of stillbirths in both cases, the birth and death totals for the month were as follows for the leading counties, arranged in decreasing order of birth registration:

County	Births	Deaths	County	Births	Deaths
Los Angeles	1,024	604	San Bernardino	113	100
San Francisco	683	631	Orange	85	36
Alameda	409	289	Kern	78	53
Fresno	200	105	Tulare	78	48
Sacramento	181	117	Humboldt	68	37
Santa Barbara	141	37	Sonoma	68	54
San Diego	139	117	Contra Costa	64	33
San Joaquin	116	106	Ventura	57	27

City Birth and Death Totals. Birth and death totals, exclusive of stillbirths, are presented similarly for the principal California cities below:

City	Births	Deaths	City	Births	Deaths
San Francisco	683	631	Pasadena	62	48
Los Angeles	613	604	San Jose	47	28
Oakland	286	173	Long Beach	45	42
Sacramento	128	106	Berkeley	44	38
San Diego	93	88	Bakersfield	40	35
Fresno	74	42	Alameda	35	30
Stockton	74	74	Eureka	23	18

Geographic Divisions (Infant Mortality). The following table presents data for geographic divisions to show in comparison with total births and deaths the number of deaths under one year as some indication of conditions with reference to infant mortality in different portions of the state:

Total Births and Deaths, with Deaths Under One Year, for Geographic Divisions: April.

Geographic division	Total live births	Total deaths, all ages	Deaths under 1 year
The State	4,350	3,486	286
Northern California	451	351	29
Coast counties	212	167	14
Interior counties	239	184	15
Central California	2,344	1,802	166
San Francisco	683	631	46
Alameda County	409	289	29
Other bay counties	126	96	7
Coast counties	252	182	16
Interior counties	874	604	68
Southern California	1,555	1,333	91
Los Angeles city	613	604	38
Rest of Los Angeles County	411	330	11
Other counties	531	399	42

Causes of Death. The following table shows the classification of deaths in California for the current month, in comparison with the preceding month:

Deaths From Certain Principal Causes, With Proportion per 1,000—Total Deaths for Current and Preceding Month for California: April.

Cause of death	Deaths. April	Proportion per 1.000	
		April	March
All causes	3,486	----------	1,000.0
Typhoid fever	9	2.5	4.0
Malarial fever	1	0.2	0.2
Smallpox	2	0.5	1.3
Measles	29	8.3	7.9
Scarlet fever	4	1.1	2.1
Whooping-cough	26	7.4	4.2
Diphtheria and croup	22	6.3	4.0
Influenza	9	2.5	8.7
Other epidemic diseases	25	7.1	4.7
Tuberculosis of lungs	440	126.0	126.1
Tuberculosis of other organs	69	19.8	22.0
Cancer	264	75.8	64.6
Other general diseases	129	37.0	44.8
Meningitis	31	8.9	6.1
Other diseases of nervous system	257	73.8	68.1
Diseases of circulatory system	716	206.0	200.3
Pneumonia and broncho-pneumonia	273	78.4	84.8
Other diseases of respiratory system	65	18.6	17.7
Diarrhea and enteritis, under 2 years	32	9.1	12.7
Diarrhea and enteritis, 2 years and over	20	5.7	6.3
Other diseases of digestive system	168	48.2	43.4
Bright's disease and nephritis	271	77.8	81.8
Childbirth	39	11.2	10.0
Diseases of early infancy	112	32.1	36.3
Suicide	77	22.1	21.7
Other violence	255	73.2	74.9
All other causes	141	40.4	41.3

In April there were 716 deaths, or 20.5 per cent of all, from diseases of the circulatory system; 509, or 14.6 per cent from the various forms of tuberculosis, and 338, or 9.7 per cent from diseases of the respiratory system (pneumonia, etc.). This month again shows heart disease far ahead of tuberculosis.

Other notable causes of death for the month were as follows: Violence, 332; Bright's disease and nephritis, 271; cancer, 264; diseases of the digestive system, 220, and epidemic diseases, 115.

The deaths from epidemic diseases were as follows: Measles, 29; whooping cough, 26; diphtheria, 22; typhoid fever, 9; influenza, 9; scarlet fever, 4, and all other epidemic diseases, 16.

The deaths from the three leading epidemic diseases reported for the month were distributed by counties as follows:

Measles		Whooping-cough		Diphtheria	
Butte	2	Alameda	1	Alameda	2
Fresno	1	Fresno	7	Fresno	2
Inyo	1	Los Angeles	5	Los Angeles	2
Kern	1	Los Angeles County	1	Los Angeles County	1
Kings	1	Madera	1	Mendocino	1
Los Angeles	11	Orange	1	San Bernardino	1
Sacramento	2	Riverside	3	San Diego	1
San Francisco	5	San Francisco	2	San Francisco	11
San Joaquin	1	Shasta	1	San Joaquin	1
Santa Barbara	1	Sonoma	1		
Santa Clara	1	Stanislaus	1	Total	22
Shasta	1	Tulare	1		
Solano	1	Ventura	1		
Total	29	Total	26		

Sex, Race and Nativity. The proportion of the sexes among the 3,486 decedents in April was: Male, 2,077, or 59.6 per cent, and female, 1,409, or 40.4 per cent.

The race distribution of decedents was: White, 3,272, or 94.0 per cent of all; Chinese, 88; Negro, 61; Japanese, 52, and Indian, 13.

The 3,272 white decedents were classified by nativity as follows: California, 823, or 25.2 per cent; other states, 1,349, or 41.2 per cent; foreign countries, 1,014, or 31.0 per cent, and unknown, 86, or 2.6 per cent.

Age Periods. The 3,486 deaths reported for the month were distributed by age periods as follows: Under 1 year, 286, or 8.2 per cent; 1 to 4 years, 154, or 4.4 per cent; 5 to 9 years, 45, or 1.3 per cent; 10 to 19 years, 121, or 3.5 per cent; 20 to 29 years, 276, or 7.9 per cent; 30 to 39 years, 331, or 9.5 per cent; 40 to 49 years, 416, or 11.9 per cent; 50 to 59 years, 457, or 13.1 per cent; 60 to 69 years, 539, or 15.5 per cent; and 70 years and over, 861, or 24.7 per cent.

Infant Mortality. The 286 deaths under one year of age were distributed by age in months as follows: Under 1 month, 154, or 53.9 per cent; 1 to 2 months, 43, or 15.0 per cent; 3 to 5 months, 41, or 14.3 per cent; 6 to 11 months, 48, or 16.8 per cent. More than half of the deaths of children under 1 year occurred before 1 month old.

The 286 deaths under 1 year of age, in comparison with the 4,350 live births, reported for the month, represent an infant mortality ratio of 65 per 1,000 births.

REPORT OF THE BUREAU OF TUBERCULOSIS FOR MAY, 1917.

France now is paying the price because for years she has refused to carry out the program used generally throughout the world for the prevention of tuberculosis. At the beginning of the war, France had only 1,000 beds for the treatment of tuberculosis. All of these were in private sanatoria; no free beds were provided. The result is, Doctor Herman M. Biggs just returning, states that there are 150,000 discharged tuberculous soldiers. The French Tuberculosis War Victim Fund organized six months ago now has $116,118.81 raised to aid France. One hates to make a comparison with war-torn, bleeding France, but she now must not only begin an intensive educational campaign but she must provide immediately proper buildings and adequate care and treatment. On the face of this, sanitarians and every one connected with the various departments of the army, are forced to admit that the invisible enemy is playing a most serious part in the war.

In California we realize that little educational work needs to be done. The bureau hopes to get in touch with every man who is rejected, even if he only shows suspicious signs, and treatment will be arranged. By far the most important duty that we have will be to provide for the men enrolled, who, after a few months of training break down. If at once those men can be taken into a convalescent sanatorium and given proper care and treatment, a large portion of them can be returned to useful civil life. We have dispensaries and visiting nurses in most of the larger cities, so that home treatment can be arranged for a great many. Then the smaller counties are in a position to help a great deal in the subsidized hospitals.

The San Francisco board of supervisors failed to appropriate money for tuberculosis work. Two recommendations were made, the majority report on the budget made a useless recommendation of $1,000 to continue investigating. It was the most extravagant recommendation in the budget. A group of interested people appointed by Mayor Rolph had already spent nearly six months, earnestly and seriously investigating sites for an outside sanatorium. The minority budget recommended $50,000. Meanwhile, at the request of the San Francisco Society for the Study and Prevention of Tuberculosis, nearly every organization numbering thousands of taxpayers, had urged the expenditure of the taxpayers' money for this much needed sanatorium. The result was that at a public meeting of the board not only was the money voted for the sanatorium, but $60,000 also was voted to complete the new tuberculosis hospital that will have 25 fewer beds than we have now in the old hospital. At a later session both appropriations were rescinded.

We have persuaded several nurses, who are doing their "bit" throughout the state, to take the public health course in the university. The bureau is determined that when the time comes for us to take on the added duties that come with war that we and all our co-workers will be ready. We can not neglect certain matters here that need attention. The very interesting and illuminating work of our industrial field worker will be published later. The State Tuberculosis Association's rural nurse has submitted an interesting report of San Benito County. One does not need to qualify the statement that in the rural schools of the United States, no county can surpass what county superintendent, teachers and pupils have done in that county. The sale of Red Cross Christmas seals is making Miss Woodward's visits possible.

Hospitals Visited.

San Francisco	3	**Sacramento**	1
Fresno	2	**Santa Cruz**	1

REPORT OF THE BUREAU OF SANITARY ENGINEERING FOR MAY, 1917.

By C. G. GILLESPIE, C.E., Director.

New Sanitary Engineering Legislation Enacted by Session of 1917.

S. B. 559, Chap. 600. *Sewage Disposal.* The Public Health Act was amended to place sewer farms under the supervision of the State Board of Health. In future sewage disposal permits may also be refused or revoked on the ground of nuisance as well as menace to health. The same law empowers the board to order improvements to treatment works or the removal of incompetent employees. Violation of the act or orders issued thereunder are to be punishable by fine or imprisonment in addition to the existing penalty of injunction of operation.

S. B. 558, Chap. 754. *Sanitary Water Systems.* This act was amended to give the State Board of Health jurisdiction over every phase of impurity in water and not limited to bacterial contamination, as provided in the original act. This will enable the board of assist communities in securing clear, clean water by filtration, algæ removal, etc. The act provides that the board may order such improvements or the removal of incompetent employees. Violations of the orders or provisions of the act are punishable by fine, imprisonment or injunctions.

A. B. 141, Chap. 63. *Swimming Pool Act.* This is a new act designed to elevate the standard of safety, healthfulness and cleanliness of public swimming pools. The State Board of Health will license all such establishments within the state. Violation of the provisions of the act are misdemeanors punishable by fine, imprisonment or injunction.

A. B. 826, Chap. 48. *Shellfish Act.* This is a new act designed to curb the taking of clams, oysters or other shellfish from flats and beds in the vicinity of sewer outlets or wherever polluted by sewage. The State Board of Health may establish the bounds of areas from which the taking of shellfish is dangerous and any one taking such fish from prohibited areas is guilty of a misdemeanor, punishable by fine.

A. B. 232, Chap. 65. *Plumbers' License Act.* This act was placed in the hands of the State Board of Health for enforcement. It provides for the appointment of county boards for the examination of plumbers and the issuing of "certificates of competency" to those passing the examination. It is not intended to supersede or interfere with any more rigid local requirement, but in effect will establish a uniform, minimum state standard for journeymen plumbers and for master plumbers.

MILITARY.

In response to request from the military authorities for approval of sewage disposal plans at the army cantonment at Linda Vista near San Diego, a preliminary survey of the cantonment was initiated this month.

SEWAGE DISPOSAL.

Applications for Permit Filed.

Folsom Sanitary District. To discharge effluent of proposed Imhoff tank into gravel deposits adjacent to American River.

Moraga, The Moraga Company. To discharge effluent of proposed Imhoff tank into subsurface tile system.

Permits Granted.

Moraga, The Moraga Company. To operate the sewer system of Moraga Townsite on condition that works for the treatment and disposal of the sewage be constructed in accordance with the plans of the proposed system filed by the company's engineers.

Paso Robles. Permit to change location of proposed tank, the city having previously received permit to construct Imhoff tank and dispose of the effluent onto a natural sand bed along the Salinas River.

Plans Filed.

Paso Robles. Amended location map of the proposed septic tank.

Moraga, The Moraga Company. Plans showing Moraga sewer system and proposed plant for purification and disposal of sewage.

Folsom Sanitary District. Plans of sewerage system, Imhoff tank and disposal works.

Investigations, Inspections and Reports.

Vacaville. May 4. Reinspection for purpose of noting possibilities of cleaning out the Castner septic tanks. The tanks, installed in 1911, were found to be almost blocked with highly odorous, caked sewage deposits. Cleaning appears highly inexpedient and costly.

Ross. May 15. The sewer system mains are completely outgrown, connections having been made from time to time without consideration of outfall capacity. As a result, manholes overflowed in the streets of the district. Relief is provided by connecting overflows from several of the manholes into Corte Madera Creek, menacing watercress beds below and health generally.

Parlier. May 24. A sewer system is being agitated but no definite plans yet prepared. Incorporation of the town or formation of a sanitary district will probably be undertaken to make this improvement possible.

Huntington Lake. May 22-23. Construction camps and two power plants of the Pacific Light and Power Company were visted for the purpose of advising as to sewage disposal. Fly-tight privies are being provided for the 900 men at the construction camps. The five dwellings at each of the power plants are to be provided with small septic tanks and subsurface seepage drains.

Clovis. May 24. Complete sewer system. Dispose of sewage on land and into Big Dry Creek. Works include automatically controlled centrifugal pumps to lift sewage at outlet and a septic tank. Apparently good clarification is being obtained and no nuisance is complained of. The city owns two acres of land and a neighboring farmer has 20 acres on which he uses effluent for irrigation of vines. The soil is very sandy.

Manteca. May 25. A sewer system is being agitated but no definite plan yet adopted. Incorporation or formation of a sanitary district will be necessary as a first step.

WATER SUPPLIES.

Applications for Permits Filed.

Dixon, Pacific Gas and Electric Company. To continue to furnish water to Dixon from two existing wells.

Permits Granted.

Dixon, Pacific Gas and Electric Company. To continue to furnish water to the inhabitants of Dixon from the two existing wells and waterworks, on condition that:

1. Samples of water shall be submitted for examination at least every six months.
2. No material modifications or additions shall be made in the source of supply until receiving approval by this board.
3. The supply shall be maintained safe and sanitary.

Manor Townsite, Manor Water Company. To continue to supply water for domestic purposes to the inhabitants of Fairfax Manor, Manor Townsite and Bothin Park from existing wells in Manor Townsite and Fairfax Manor.

Hemet, Lake Hemet Water Company. To supply water to the inhabitants of Hemet and vicinity from the north fork of the San Jacinto River with such supplementary diversion as necessary to meet the demand from the south fork of the San Jacinto River and from Strawberry Creek, pending the results of examination of samples systematically collected over the system.

Plans Filed.

None.

Inspections, Investigations and Reports.

Suisun. May 4. Reinspection and sampling indicates that the tunnel and well supplies are high in iron and in microorganisms subsisting thereon. The impounded supply was found to be extremely high in a particular organism—"nostoc." One effect was a distinct cloudiness in the tap water. Copper sulphating destroyed the organism but did not entirely remove the cloudiness apparently because the smallness of the reservoir and the soil disturbance around the banks by waves contributed most of the turbidity.

Livermore, Pacific Gas and Electric Co. May 10. The supply is obtained from the Arroyo Mocho Creek, seven miles from town, or from the Las Positas Wells. A watershed inspection indicates that the former is subject to dangerous sporadic contamination by isolated ranches and ranch houses and that it is very hard. The Las Positas Wells consist of one large dug well 25 feet deep, brick lined, and ten 12-inch bored wells 36 to 40 feet deep perforated below the soil level. Analyses indicate the dug well to be safe but the evidence points to the conclusion that the drilled wells draw a portion of their supply from a near-by slough. Though this latter water is apparently not affected by human sewage, the company is desirous of cutting off the seepage so as to make the well water absolutely safe. Means of accomplishing this have not yet been determined upon.

Port Costa and Crockett, Port Costa Water Company. May 11. Practically the entire water supply comes from the Galinda wells, near Concord, and is safe. A small portion of Crockett, at levels too high to be reached by pumpage, is supplied from a small creek. Analyses indicate this water to be suspicious, but the company's inspections indicate this to be due to cattle access to the stream. Watershed inspection of the creek was not made by the bureau.

Manor, Manor Water Company. May 15. Water supply is obtained from two drilled wells, about 60 feet deep, and one dug well about 50 feet deep. The supply is pumped in succession to five tanks on the adjacent hillsides, from which it is distributed by zones. Analyses indicate satisfactory quality.

Palmdale. May 3. This is a new town in Antelope Valley with population of about 300. Water is derived from Little Rock Creek and stored in a supply reservoir formed by a dam near town. Profuse growths of water grass and algæ have produced tastes and the practice of allowing fishing, hunting and boating on the reservoir has endangered the sanitary quality. Appropriate instructions to eliminate these objectionable conditions have been given the water company.

Parlier. May 24. The water supply is derived from tubular well about 200 feet deep, made during past month. A similar well formerly provided water but deterioration of casing and consequent contamination of the supply necessitated sinking the new well.

Clovis. May 24. Water system owned by the city. Supply derived from two wells 120 feet deep and is probably of satisfactory sanitary quality.

Laboratory Work.

Bacteriological examinations of water—334, of which 178 or 53 per cent showed contamination.
Chemical examinations of water—340 (partial).
Sanitary chemical examinations of water—5.
Microscopic examinations of water—8.
Bacteriological examinations of sewage—2.
Special examinations—2.

REPORT OF THE BUREAU OF FOODS AND DRUGS FOR MAY, 1917.

E. J. LEA, M.S., Director.

Three hundred and thirty-two samples of foods, drugs and miscellaneous materials were received at the laboratory during the month of May.

Official Samples.

Foods.

Beverages		2
Lemon cider	1	
Orangeade	1	
Bread		4
Gluten	2	
Malted milk	1	
Potato	1	
Candy		10
Cheese		1
Chocolate		28
Condiments		10
Catsup	3	
Conserva	1	
Relish	3	
Tomato paste	3	
Cream		1
Extracts		9
Orange	1	
Peppermint	3	
Strawberry	2	
Vanilla	3	
Fish		7
Anchovies	1	
Herring	1	
Smoked fish loaf	1	
Tunny fish	4	
Gelatine		1
Iceine		1
Ice cream		21
Liquors		60
Absinthe	1	
Amer Picon	4	
Brandy	3	
Cocktails	1	
Fernet-Branca	1	
Gin	18	
Green opal	2	
Kümmel	3	
Vermouth	11	
Whiskey	15	
Wine	1	
Meat		18
Chopped meat	5	
Frankfurters	3	
Sausage	10	
Milk		7
Condensed	1	
Fresh, raw	6	
Pastes		5
Noodles	3	
Spaghetti	1	
Tagliarini	1	
Pork and beans		1
Salt		1
Spice (mustard)		4
Syrup		7
Vegetables		3
Beans	1	
Corn	1	
Peas	1	
Vinegar		1
Water (mineral)		1

Drugs.

Alcohol	6
Camphor liniment	1
Camphorated oil	1
Egg shampoo	1
Sweet oil	1
Tincture of iodine	3
Witch hazel	1

Unofficial.

Foods.

Cereals		1
Chocolate		4
Condiments (catsup)		1
Fish		1
Flour		9
Jelly		1
Lard bleacher		1
Liquors		7
Cinzano	1	
Cognac	1	
Fernet-Branca	1	
Kümmel	1	
Vermouth	1	
Whiskey	2	
Milk, evaporated		2
Pork and beans		1
Oil		2
Olive	1	
Salad	1	
Spice (mustard)		1
Vegeparaf		1
Vegetables (peas)		1
Vegetable thickener		1
Vinegar		1

Drugs.

Oil of sweet almonds	1

State Institution Samples.

Foods.

Baking powder	2
Butter	2
Cereals	8
Cheese	1
Coffee	7
Coffee substitute	2
Flour	8
Graham	2
Rice	1
Rye	1
Wheat	4
Fruit	3
Apples	1
Peaches	1
Prunes	1
Honey	1
Milk (evaporated)	1
Pastes (macaroni)	2
Rice	2
Soap	3
Hand	1
Laundry	2
Spices	11
Allspice	1
Cinnamon	2
Ginger	1
Mace	2
Mustard	2
Pepper	2
Sage	1
Sugar	3
Syrup	2
Tapioca	2
Tea	2
Vegetables	7
Beans	6
Peas	1
Vinegar	1

Miscellaneous.

Disinfectant	1
Liquid petrolatum	1
Washing powder	1

Cold Storage.

Strawberry pulp	5

Articles of Food Condemned Upon Physical and Chemical Examination as Unfit For Food, May, 1917.

Material	Amount	Condition	Locality	Disposition
Condiments—				
Catsup	25 gals.	Decomposed	Stockton	Dumped
Catsup	9 bots.	Decomposed	Santa Barbara	Destroyed
Conserva	100 lbs.	Decomposed	Stockton	Dumped
Mexican Hot	7 jars	Moldy and decomposed	Stockton	Destroyed
Pickles	5 bots.	Moldy	Daly City	Dumped
Pickles	3 bots.	Old and musty	Half Moon Bay	Dumped
Pickles	17 bots.	Moldy and decomposed	San Francisco	Dumped
Pickles	9 bots.	Moldy	Winters	Destroyed
Salad, onion	12 bots.	Decomposed	Santa Barbara	Destroyed
Cocoanut shreds	300 lbs.	Dirty	Stockton	Oiled
Cranberries	6 lbs.	Decomposed	Santa Rosa	Dumped
Fish, canned	2 lbs.	Decomposed	Sacramento	Dumped
Gelatine	3 bbls.	Adulterated	Oakland	Dumped
Gelatine	223½ lbs.	Decomposed	Sacramento	Denatured
Ice cream	1 gal.	Fermented	San Leandro	Dumped
Milk, Tulip	192 pints	Decomposed	Stockton	Dumped
Vegetables—				
Beans	6 pints	Colored with copper	Sacramento	Dumped
Corn	4 cans	Swelled	San Francisco	Dumped
Peas	6 cans	Colored with copper	Dixon	Destroyed
Walnut meats	300 lbs.	Moldy and dirty	San Francisco	Oiled

Cases Referred to District Attorneys, June 2, 1917.

Name of article	Offense	Accused dealer	Locality
Absinthe	Adulterated; sale prohibited	Bertin-Lepori Co., Inc.	San Francisco
Acid acetylsalicylic	Adulterated and mislabeled	Sun Drug Co., Dr. Bodkin	San Francisco
Alcohol	Adulterated and mislabeled; substitution of other materials.	Jaffe & Co., Inc.	San Francisco
Alcohol, grain	Adulterated and mislabeled; substitution of other materials.	Independent Wine and Liquor Co., B. Schnier.	San Francisco
Beans	Adulterated and mislabeled; damaged and decomposed.	Berquest Bros.	Oakland
Beans, Red Spanish	Adulterated and mislabeled; damaged and decomposed.	S. Rosenthal, Rose Valley Coffee Co.	Oakland
Brandy, blackberry	Adulterated and mislabeled; substitution of other materials.	Theo. Gier Wine Co.	Oakland
Brandy, peach	Adulterated and mislabeled; substitution of other materials.	J. Gollober	San Francisco
Brandy, cognac	Adulterated and mislabeled; substitution of other materials.	Penney Bros.	Oakland
Camphorated oil	Adulterated and mislabeled; substitution of other materials.	Jos. Von Werthern	San Francisco
Camphorated oil	Adulterated and mislabeled; substitution of other materials.	No Percentage Drug Co.	San Francisco
Capsules, Mrs. Pinkham's Red	Mislabeled; false statements made	Wishart's Drug Dept., Kahn's Dept. Store.	Oakland.
Catsup, tomato	Adulterated and mislabeled; filthy and decomposed.	Chas. A. Elgin, "The Mocha"	San Francisco
Catsup, tomato	Adulterated and mislabeled; filthy and decomposed.	Lewis Packing Co.	San Francisco
Chocolate, ground	Adulterated and mislabeled; consists of sugar and cocoa.	Weinstein's, Inc.	San Francisco
Coffee	Adulterated and mislabeled; contains chicory.	Martin Katich, Avenue Restaurant	Oakland
Coffee	Adulterated and mislabeled; contains chicory and dried fruit.	Verra Company	San Francisco
Cognac, extra quality	Adulterated and mislabeled; inferior material substituted.	John D. Wilking, "The Rincon Bar"	San Francisco
Conserve, tomato	Adulterated and mislabeled; filthy and decomposed.	P. Rossi	San Francisco
Eggs, incubator	Adulterated and mislabeled; filthy and decomposed.	D. H. Rosenblatt	San Francisco
Gin	Adulterated and mislabeled; inferior material substituted.	L. A. Rea, Madera Hotel Bar	Corte Madera

Cases referred to District Attorneys, June 2, 1917—Continued.

Name of article	Offense	Accused dealer	Locality
Ginger extract	Adulterated and mislabeled; other materials substituted.	Kahn Bros., Inc.	Oakland
Ginger essence	Adulterated and mislabeled; other materials substituted.	Wishart's Drug Dept., Kahn's Dept. Store.	Oakland
Milk, malted	Adulterated and mislabeled; other materials substituted.	The Vauban, Inc.	Oakland
Nitre, sweet spirits of	Adulterated and mislabeled; other materials substituted.	No Percentage Drug Co.	San Francisco
Oil, sweet almond	Adulterated and mislabeled; other materials substituted.	No Percentage Drug Co.	San Francisco
Oil, pure olive	Adulterated and mislabeled; decomposed.	Bernard Wolf	San Francisco
Oysters, fresh eastern*	Adulterated and mislabeled; filthy and decomposed.	Western California Fish Co., Inc.	Oakland
Oysters, fresh eastern	Adulterated and mislabeled; filthy and decomposed.	H. J. Reisman	Berkeley
Sausage	Adulterated and mislabeled; contains cereal.	New St. Francis Mission Market, Eng Muller.	San Francisco
Syrup, maple	Adulterated and mislabeled; other materials substituted.	Pig and Whistle Co., Inc.	Oakland
Syrup, maple	Adulterated and mislabeled; other materials substituted.	Martin Katich, Avenue Restaurant	Oakland
Syrup, maple	Adulterated and mislabeled; other materials substituted.	Siebrecht Bros.	San Francisco
Syrup, raspberry	Adulterated and mislabeled; other materials substituted.	Bohemia Liquor Co.	San Francisco
Tincture of iodine	Adulterated and mislabeled; below standard.	No Percentage Drug Co.	San Francisco
Whip cream	Adulterated and mislabeled; filthy and decomposed.	American Creamery Co.	Oakland
Whiskey*	Adulterated and mislabeled; other materials substituted.	J. Gollober	San Francisco
Whiskey	Adulterated and mislabeled; other materials substituted.	A. Christensen	San Francisco
Whiskey*	Adulterated and mislabeled; other materials substituted.	L. A. Rea, Madera Hotel Bar	Corte Madera
Whiskey	Adulterated and mislabeled; other materials substituted.	Bohemia Liquor Co.	San Francisco

*Referred on two counts.

Convictions Under Foods and Drugs Acts, Reported During May, 1917.

Name of article	Offense	Accused dealer	Locality	Result
Amer Picon	Adulterated and mislabeled	L. Quartaroli	Sonoma	Fined $5
Apple butter	Adulterated and mislabeled	C. E. Arnold	Los Angeles	Fined $15
Aspirin	Adulterated and mislabeled	Sohn Drug Co.	Los Angeles	Bail $50; forfeited
Bitters	Mislabeled	L. Quartaroli	Sonoma	Fined $5
Bread, potato	Adulterated and mislabeled	Murray & Murray	Los Angeles	Fined $20
Catsup	Adulterated and mislabeled	Julius Saltz	San Francisco	Fined $10
Catsup	Adulterated and mislabeled	M. Rapport	San Francisco	O. R.
Cider	Adulterated and mislabeled	Belfast Ginger Ale Co.	San Francisco	O. R.
Coffee	Adulterated and mislabeled	M. Rapport	San Francisco	O. R.
Eggs	Adulterated and mislabeled	Independent Meat and Provision Co.	Los Angeles	Fined $25
Eggs	Adulterated and mislabeled	Diller & Woloski	San Francisco	O. R.
Gin	Adulterated and mislabeled	Antonio Pereira	San Francisco	30 days in jail
Gin	Adulterated and mislabeled	J. Modini	Sonoma	Fined $5
Gin	Adulterated and mislabeled	John Steiner	Sonoma	Fined $5
Gin	Adulterated and mislabeled	L. Quartaroli	Sonoma	Fined $5
Gin	Adulterated and mislabeled	August Baader	San Francisco	Fined $10
Ginger, diluted	Adulterated and mislabeled	E. Martinoni	San Francisco	Fined $5
Ginger ale	Adulterated and mislabeled	Schwartz Ginger Ale Co.	San Francisco	Fined $5
Lemon flavoring	Adulterated and mislabeled	Hencken's Market	San Francisco	O. R.
Pork and beans	Adulterated and mislabeled	Nelson & Co.	San Francisco	O. R.
Raspberry syrup	Adulterated and mislabeled	R. A. Farrar	San Francisco	Fined $10
Sausage*	Adulterated and mislabeled	L. Richards	San Jose	Fined $100

*Referred on two counts.

REPORT OF BUREAU OF REGISTRATION OF NURSES FOR MAY, 1917.

ANNA C. JAMMÉ, R.N., Director.

At the meeting of the board held on June 2 the report on the examination of nurses given on April 18-19 was approved.

This examination was held in Sacramento, San Francisco and Los Angeles. Of the 212 applicants 174 passed the required general average of 75 per cent.

Graduates of 38 accredited schools in the state were represented and of 11 accredited schools outside the state.

Certificates to practice as registered nurses were issued to the following successful applicants:

Name. Hospital.
Adams, Vera B., Sacramento County Hospital.
Airston, Margaret, Clara Barton Hospital, Los Angeles.
Albin, Lena H., Pacific Hospital, Los Angeles.
Alexander, Henrietta I., St. Luke's Hospital, San Francisco.
Arthur, Edna L., Fairmont Hospital, San Francisco.
Bangerter, Vi Ella, Los Angeles Infirmary.
Barnes, Ruth V., Fairmont Hospital, San Francisco.
Bean, Grace A., Mt. Zion Hospital, San Francisco.
Beery, Mildred, California Hospital, Los Angeles.
Beharrell, Dorothy D., Clara Barton Hospital. Los Angeles.
Belli, Rose M., St. Luke's Hospital, San Francisco.
Bentley, Josephine C., Pasadena Hospital.
Bentley, Nettie E., Good Samaritan Hospital, Los Angeles.
Berriex, Marie L., Mary's Help Hospital, San Francisco.
Best, Grace K., Pacific Hospital, Los Angeles.
Beveridge, Elizabeth M. Y., Samuel Merritt Hospital, Oakland.
Bisset, Yvette G., St. Luke's Hospital, San Francisco.
Bizzini, Aurilla M., The Evans Hospital, Modesto.
Blanke, Catherine, Santa Clara County Hospital.
Bliss, Pearl, St. Luke's Hospital, San Francisco.
Boitano, Anna E., Clara Barton Hospital, Los Angeles.
Boyd, Mary O., San Diego County General Hospital,
Brockmann, Meta I., Lane Hospital. San Francisco.
Brown, Celesta, California Hospital, Los Angeles.
Burdick, Edith M., St. Helena Sanitarium.
Byington, Florence E., St. Luke's Hospital, San Francisco.
Cagnacci, Helen A., French Hospital, San Francisco.
Carlson, Innes A., Santa Clara County Hospital.
Chace, Cora. Samuel Merritt Hospital, Oakland.
Clewe, Marie A., St. Luke's Hospital, San Francisco.
Clause, Fannie C., The Good Samaritan Hospital, Los Angeles.
Cochrane. Evelyn E., Lane Hospital, San Francisco.
Colmer, Elsie V., Los Angeles Infirmary.
Connelly, Agnes G., Los Angeles Infirmary.
Cook, Ruby, St. Helena Sanitarium.
Cornette, Ida G., Los Angeles Infirmary.
Crane, Amelia S., Massachusetts General Hospital, Boston, Mass.
Croxen, Anna G., Baptist Sanitarium, Houston, Texas.
Cummins, Fannie M.. Riverside Hospital.
Cutter, Ethel E., Good Samaritan Hospital, Los Angeles.
Dale, Charlotte W., St. Luke's Hospital, San Francisco.
Davidson, Ruth M., California Hospital, Los Angeles.
Davis, Margaret, Lane Hospital, San Francisco.
de Curtoni, Josephine F., German Hospital, San Francisco.
Delholm, Vesta H., Lane Hospital, San Francisco.
DeVinne, Anna H., Hahnemann Hospital, San Francisco.
Dewey. Beryl M., Hahnemann Hospital, San Francisco.
Distin, Hazel B., Hartford Hospital Training School, Hartford, Connecticut.
Dobbas, Camille J., Fairmont Hospital, San Francisco.
Donlon, Ellen F., St. Joseph's Hospital, San Diego.
Downey, Minnie K., Alta Bates Sanatorium, Berkeley.
Dufour, Marie L. P., Los Angeles County Hospital.
Dumont, Jeanne H., French Hospital, San Francisco.
Dunn, Marguerite I., Pasadena Hospital.
Dunn, Olive M., Youngstown Hospital, Youngstown, Ohio.
Edgecomb, Charity K., Children's Hospital, San Francisco.
Eisfeldt, Thelma T., Alameda Sanatorium, Alameda.
Emerton, Ruth J., Pasadena Hospital.
Epp, Catherine, Good Samaritan Hospital, Los Angeles.
Espey, Lillian I., St. Luke's Hospital, San Francisco.
Everstine, Zetta, German Hospital, San Francisco.
Firth, Alice E., University of California Hospital.
Flanagan, Anna C., Mary's Help Hospital, San Francisco.
Fuller, Lena, The Albany Hospital, Albany, N. Y.
Gerrans, Mary, St. Helena Sanitarium.

Name. Hospital.
Gibbs, Lucia H., Samuel Merritt Hospital, Oakland.
Gilbert, Edith M.. Mary's Help Hospital, San Francisco.
Gill, Clara, St. Luke's Hospital, San Francisco.
Gilman, Gladys A., Lane Hospital, San Francisco.
Given, Jane E., Pacific Hospital, Los Angeles.
Godwin, Mabel C., Alta Bates Sanatorium, Berkeley.
Goertz, Dora, Fairmont Hospital, San Francisco.
Greer, Margaret E., Pasadena Hospital.
Griffiths, Edith V., Lane Hospital, San Francisco.
Grundvik, Elisa, Samuel Merritt Hospital, Oakland.
Hall, Margaret H., San Francisco Hospital.
Hall, Mayme D., Los Angeles County Hospital.
Hammon, Jenness E., Mt. Zion Hospital, San Francisco.
Harvey, Frances P., East Bay Sanatorium, Oakland.
Haymend, Pearle A., California Hospital, Los Angeles.
Hayward. Corinne L., Pasadena Hospital.
Hayes, Clara S., Riverside Hospital.
Hearsey, Hazel F., Alta Bates Sanatorium, Berkeley.
Hedger, Olive M., Los Angeles Infirmary.
Higgins, Delia, Los Angeles Infirmary.
Hill, Nancy E., Clara Barton Hospital, Los Angeles.
Hilts, Frances B., San Diego County General Hospital.
Hobson, Lila B., Fairmont Hospital, San Francisco.
Hoffman, Olga, St. Luke's Hospital, San Francisco.
Hopton, Stella, White Hospital, Sacramento.
Jansen, Anna J. E., Los Angeles County Hospital.
Jarnan, Florence M., Samuel Merritt Hospital, Oakland.
Jensen, Hilda, St. Helena Sanitarium.
Jones, Lucy K., The Agnew Sanitarium, San Diego.
Kemmerle, Anna H., Children's Hospital, San Francisco.
Kendall, Edna, St. Helena Sanitarium.
Kinnear, Clare, The Agnew Sanitarium, San Diego.
Knowles, Carolyn A., Flower Hospital, New York City, N. Y.
Kramer, Theresa A., Fairmont Hospital, San Francisco.
Kubik, Clara H., German Hospital, San Francisco.
Kurz, Rose M., St. Helena Sanitarium.
Loofbourrow, Fern M., Sequoia Hospital, Eureka.
Lorenz, F. Phyme, Lane Hospital, San Francisco.
Lowe, Agnes, Pacific Hospital, Los Angeles.
Ludwig, Petrea W., University of California Hospital.
Lundberg, Clara K., Mater Misericordiæ Hospital, Sacramento.
Mansfield, Irene A., San Diego County Hospital.
Miller, Nellie I., Pacific Hospital, Los Angeles.
Milner, Harriet E., California Hospital, Los Angeles.
Mitchell, Martha L., Samuel Merritt Hospital, Oakland.
Murphy, Kathryn M., Los Angeles County Hospital.
Musso, Alpha, Sacramento County Hospital.
Myers, Edna R., Presbyterian Hospital, Chicago, Ill.
Myers, Harriett, Angew Hospital, San Diego.
MacAnally, Marguerite M., California Hospital, Los Angeles.
MacKnight, Volice, Pacific Hospital, Los Angeles.
McCarthy, Myrtle M., O'Connor Sanitarium, San Jose.
McCausland, Caltha A., Lane Hospital, San Francisco.
McClellan, Ruth, Cottage Hospital, Santa Barbara.
McClure, Evelyn M., Lane Hospital, San Francisco.
McCreery, Caroline, Santa Clara County Hospital.
McCubbins, Myrtle I., French Hospital, San Francisco.
McCully, Anna L., Los Angeles Infirmary.
McCullough, Allie M., Pomona Valley Hospital, Pomona.
McEwen, Margaret E., San Francisco Hospital.
McGuire, Helen A., St. Joseph's Hospital, San Diego.
McIntosh, Grace A., California Hospital, Los Angeles.
O'Neill, Lillian, French Hospital, San Francisco.
O'Sullivan, Nora B., Mercy Hospital, Pittsburg, Pa.
Overton, Ruth A., Lane Hospital, San Francisco.
Parkinson, Edith A., Alameda Sanatorium, Alameda.
Perkins, Elizabeth E., Lane Hospital, San Francisco.
Peterson, Astrid E., Good Samaritan Hospital, Los Angeles.
Phillips, Eva E., Sequoia Hospital, Eureka.
Pomeroy, Minnie L., California Hospital, Los Angeles.
Pratten, Viola E., Clifton Springs Sanitarium, Syracuse, N. Y.
Ramsdale, Agnes M., Riverside Hospital.
Raney, Opal J., Sacramento County Hospital.
Rasmussen, Marie, Pacific Hospital, Los Angeles.
Raup, Rosa M., Lock Haven General Hospital, Lock Haven, Pa.
Reynolds, Alice M., Clara Barton Hospital, Los Angeles.
Robinson, Helen C., Alameda Sanatorium, Alameda.
Rodgers, Teresa E., Children's Hospital, San Francisco.
Rouchleau, Margaret A., Los Angeles Infirmary.
Ruff, Marie A., Children's Hospital, San Francisco.
Sands, Eva H., Los Angeles Infirmary.
Schmitt, Esther K., California Hospital, Los Angeles.
Shinn, Florence M.. Los Angeles County Hospital.
Sollars, Estella R., Los Angeles County Hospital.

Name. Hospital.
Spence, Janet F., Children's Hospital, San Francisco.
Steele, Dorothy M., Emergency General Hospital, Los Angeles.
Stephens, Margaret M., Union Labor Hospital, Eureka.
Storie, Averie K., Columbia Hospital, San Jose.
Stormes, Lizzie H., Clara Barton Hospital, Los Angeles.
Stuart, Ruth M., German Hospital, San Francisco.
Tennant, Ruth I., Hanford Sanitarium, Hanford.
Tesreau, Julia E., San Francisco Hospital.
Thomas, Florence A., Woman's Hospital, Chicago, Ill.
Thomas, Hester, Protestant Episcopal Hospital, Philadelphia, Pa.
Thorsen, Sigrid. Santa Clara County Hospital.
Tissot, Gabrielle, Pasadena Hospital.
Wacker, Hilda P., Mt. Zion Hospital, San Francisco.
Walkinshaw, Mary E., Santa Ana Hospital.
Walter, Mary L., Los Angeles Infirmary.
Wareham, Benton, St. Helena Sanitarium.
Webb, Alta G., Angelus Hospital, Los Angeles.
Weber, Emilie, Providence Hospital, Oakland.
Wicks, Fern E., Good Samaritan Hospital, Los Angeles.
Wieder, Edna, German Hospital, San Francisco.
Wilbur, Lorraine, University of California Hospital.
Wilcox, Eleanor K., St. Luke's Hospital, San Francisco.
Williams, Lucille M., St. Luke's Hospital, San Francisco.
Whitwell, Fannie A., Los Angeles County Hospital.
Wood, Alice C., Santa Ana Hospital.

LIST OF COUNTY AND CITY HEALTH OFFICERS.

Alameda County—
Dr. J. Hal Cope--------Pleasanton
Alameda-----------Dr. A. Hieronymus
Albany------------Dr. J. F. Diddle
Berkeley-------------Dr. J. J. Benton
Emeryville----------Dr. A. T. Drennan
Hayward----------Dr. F. W. Browning
Livermore------------Dr. J. K. Warner
Oakland------------Dr. Kirby B. Smith
Piedmont----------Dr. Benj. T. Mouser
Pleasanton------------Dr. J. Hal Cope
San Leandro------Dr. Luther Michael
Alpine County—
Mr. Fred S. Dunlap---Markleeville
Amador County—
Dr. G. L. Lynch------Amador City
Jackson--------------------H. E. Kay
Sutter Creek-------------W. A. Burres
Butte County—
Dr. L. L. Thompson--------Gridley
Biggs-----------------R. W. Simmons
Chico-----------------W. H. Marshall
Gridley-----------Dr. L. Q. Thompson
Oroville---------------Dr. W. F. Gates
Calaveras County—
Dr. George F. Pache, Angels Camp
Angels Camp---------Dr. E. W. Weirich
Colusa County—
Dr. G. W. Derosier----------Colusa
Colusa-------------Dr. G. W. Derosier
Contra Costa County—
Dr. W. S. George----------Antioch
Antioch----------------Dr. W. S. George
Concord------------------Dr. F. F. Neff
Hercules---------------F. P. McManus
Martinez---------Dr. Edwin Merrithew
Pinole------------Dr. M. L. Fernandez
Pittsburg-------------Dr. H. E. Peters
Richmond-----------Dr. Chas. R. Blake
Walnut Creek----------Dr. C. R. Leech
Del Norte County—
Dr. E. M. Fine-------Crescent City
Crescent City------------Dr. E. M. Fine
El Dorado County—
Dr. L. M. Leisenring----Placerville
Placerville----------------G. H. Wickes
Fresno County—
Dr. G. L. Long-------------Fresno
Clovis--------------Dr. M. S. McMurtry
Coalinga----------Dr. C. W. Hutchison
Firebaugh---------------Dr. H. J. Greven
Fowler ------------------Chas. Chapman
Fresno-----------Dr. C. Mathewson
Kingsburg-----------Dr. J. A. Gillespie
Reedley----------Dr. Chas. H. Traber
Sanger------------Dr. Thos. F. Madden
Selma------------Dr. Fred H. Williams
Glenn County—
Dr. F. M. Lawson---------Willows
Orland---------------------Dr. S. Iglick
Willows---------------Dr. W. H. Walker
Humboldt County—
Dr. Carl T. Wallace---------Eureka
Arcata-------------Dr. G. W. McKinnon
Blue Lake---------Dr. Chas. N. Mooney
Eureka---------------------Dr. L. A. Wing
Ferndale--------------------Dr. J. A. Lane
Fortuna-------------Dr. Orville Rockwell
Imperial County—
Dr. R. K. McGuffin---------Imperial
Brawley---------Dr. Eugene Le Baron
Calexico---------------------Dr. W. L. Ellis
El Centro-------------Dr. F. A. Burger
Holtville-------------------C. A. Johnston
Imperial--------------Dr. R. K. McGuffin
Inyo County—
Dr. I. J. Woodin-----Independence
Bishop-----------------John B. Clarke
Kern County—
Dr. C. A. Morris-------Bakersfield
Bakersfield------------Dr. P. J. Cuneo
Delano-----------Dr. George H. Shrodes
Maricopa----------------Dr. H. N. Taylor
McKittrick-----------Dr. Robert C. Dear
Taft-----------------Dr. E. A. D. Jones
Tehachapi----------Dr. N. J. Brown, Jr.
Kings County—
Dr. C. L. Scott------------Hanford
Corcoran---------------Dr. J. T. Peery
Hanford---------------Dr. B. Robbins
Lemoore---------------Dr. W. P. Byron
Lake County—
Dr. W. E. Upton--------Kelseyville
Lakeport------------------P. H. Millberry
Lassen County—
Dr. W. E. Dozier---------Susanville
Susanville---------------Dr. F. D. Walsh
Los Angeles County—
Dr. J. L. Pomeroy-----Los Angeles
Alhambra-----------------Dr. F. E. Corey
Arcadia-----------Dr. Chas. D. Gaylord
Avalon-----------------Dr. J. J. Peckham
Azusa------------------Dr. John E. Hill
Beverly Hills------Dr. Lowell G. Frost
Burbank----------Dr. E. H. Thompson
Claremont----------Dr. F. W. Thomas
Compton--------------------E. E. Elliott
Covina--------------------Dr. J. D. Reed
Eagle Rock-----------Dr. C. H. Phinney
El Monte----------------Dr. S. L. Corpe
El Segundo------------------R. F. Davis
Glendale----------------Dr. R. E. Chase
Glendora------------Dr. A. L. McCarty
Hermosa Beach-------------B. F. Brown
Huntington Park-----Dr. W. Thompson
Inglewood------------Dr. H. A. Putnam
Long Beach------------Dr. R. L. Taylor
Lordsburg--------------Dr. J. E. Hubble
Los Angeles-----------Dr. L. M. Powers
Manhattan Beach------Llewellyn Price
Monrovia---------Dr. Chas. D. Gaylord
Monterey Park------Dr. J. S. Trewhella
Pasadena----------Dr. Stanley P. Black
Pomona-------------------Dr. N. J. Rice
Redondo Beach-----Dr. D. R. Hancock
San Fernando--------Dr. Benj. B. Ward
San Gabriel------------Dr. Ruth Purcell
San Marino-----Dr. W. LeMoyne Wills
Santa Monica ---------Dr. F. J. Wagner
Sawtelle-----------Dr. A. B. Hromadka
Sierra Madre------Dr. R. H. Mackerras
South Pasadena--------Dr. C. F. Metcalf
Tropico---------------Dr. Wm. C. Mabry
Venice----------------Dr. W. M. Kendall
Vernon-----------------Dr. O. R. Stafford
Watts--------------------Dr. E. J. Riche
Whittier----------------Dr. W. H. Stokes
Madera County—
Dr. L. St. John Hely-------Madera
Madera-------------Dr. L. St. John Hely
Marin County—
Dr. J. H. Kuser------------Novato
Belvedere-------------Dr. Florence Scott
Larkspur-----------------J. R. McGuffick
Mill Valley-------------James V. Chase
Ross----------------Dr. Thos. U. Smyth
San Anselmo-----------Dr. O. W. Jones
San Rafael------------Dr. W. J. Stone
Sausalito-------------Dr. Allen H. Vance
Mariposa County —
Dr. F. L. Wright----------Mariposa
Mendocino County—
Dr. S. L. Rea-----------------Ukiah
Fort Bragg------------Dr. L. C. Gregory
Point Arena---------------Conrad Nicks
Potter Valley---------------W. T. Eddie
Ukiah-------------Dr. Lew K. Van Allen
Willits--------------------Dr. F. C. Gunn

List of Diseases Reportable by Law

Anthrax
Beri-beri
Cerebrospinal Meningitis (Epidemic)
Chickenpox
Cholera, Asiatic
Dengue
Diphtheria
Dysentery
Erysipelas
German Measles
Glanders
***Gonococcus Infection**
Hookworm
Leprosy
Malaria
Measles
Mumps
Ophthalmia Neonatorum
Pellagra
Plague
Pneumonia
Poliomyelitis
Rabies
Scarlet Fever
Smallpox
***Syphilis**
Tetanus
Trachoma
Tuberculosis
Typhoid Fever
Typhus Fever
Whooping-cough
Yellow Fever

***Reported by office number. Name and address not required.**

Quarantinable Diseases

Cholera, Asiatic
Diphtheria
Leprosy
Plague
Poliomyelitis
Scarlet Fever
Smallpox
Typhus Fever
Yellow Fever

Section 16, Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

"The normal condition of the soldier is health, and those who die in war should fall on the firing line and not by the wayside from disease."

LOUIS L. SEAMAN, M.D.